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	0 4 J AUG	L.	Of sent	All	2,00-	_ I		Ah	DIAN I	Alex.		OF ESTI-	L	DAY	YEAR	26-HOUR
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	E DE SE	1. SE	M	4 RACE	S. DATE OF BI	DAY VE	AR AST BIR	THDAY) MON	NDER 1 YR.	IF UNDER 24	MIN PRON	OATE	0	2	77	2d HOUR
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E P	AFFER SECTION	1	ES, NO, OR UNKNO	WN) (IF YES, GIVE	E WAR OR DATES)	23	1 06 L	763	Mrs.	. Iren	e Wils	on Bloc	omingt	on, I	vid.	
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ö	TOWE TAKE	CBB	210 EXTERNA	L CAUSE WAS		A.M. MON	RY NTH DAY Y	EAR 21c. H	IOW INJURY	OCCURRED	LENTER NATURE	OF INJURY IN ITEM	18 PART I OR PA	R1 2)		
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_	NOT THE	1	death resulte	ed Irom: Natu	orol couses .	Accide	ent, 4	Suicide _	, Homic	ide .	Undetermine	ed monner],			
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	EDSE490	23a. B	URIAL, CREMA	rial	8/6/87	2	Tasker	Cemetery C	CREMATO	DRY	23d LOCATION		COUR		STA	TE
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	(VR A15 ME (5))	U	The	ver 2						AUU	0 3	JI_ Stul	no prono	100.1	S. C. C.	6

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Surface Down Tender Committee Commit 111 Ourron t. satempost if.

STATE	OF	MARYLAND

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	DEC NO				- 23	3

7	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENT		NE 8 7	2 NO.	1 7	3	4
٦		EASED NAME	FIRST		MIDDLE	ı	AST	2	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	2
1	litte	OR PRINT)	HELEN]	RENE	ACI	REE		August 2	0, 1987	1	10:1	0 Am
1	3 SEX	(4 RACE		5. DATE C		6.	AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER TYEAR	IF UNDER 2	
ı		female		white	9	MONTH	6-29-1921	EAR	66	YRS.	MONTHS DAYS	HOURS	MIN.
_		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	18	D NEVER MARR	150 9	BALTIMORE CITY		OF DEATH		
	C	OUNTRY) MD		USA		WIDOWE			Allega	ny			MD.
ハノ		ty or town of t umberlan	. 1	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET al Hospi	ADDRESS)	OR OTHER INSTITUTI	ION 1	O USUAL OCCUP.	ATION STOF WORKING LIF	126. KIND O INDUSTRY text		
7	USUA 13a. S		URSING OME OR	other institution vty Legany	GIVE RESIDENCE BEFOR	e admission) Vn Land	13d INSIDE CITY LI		street address 8A Jane	s/zmcope Frazie	r Villa	ige/2	1502
/	I4 FA	THER'S NAME FIRST	Robert	S. Shar	holtz		15. MOTHER'S MAI		rgie 0.	Youngbl	ood (AS	1	
1		AS DECEASED EV		MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT		ADI	DRESS		11	
	14	no or unknown)	(IF TES GIV	E WAR OR DATES)	220-10-	4875	Mr. Larry	/ J. A	cree, La	Vale, M	1D - sor)	
	7	Conditions, if c gave rise to cause (a), str	IMMEDIA'	DUE TO, O	I line for 101, 161, or HE P / 1 1 IR AS A CONSEQUER AS A CONSEQU	TI C	Failu Cin	RRH	tusis			MATE INTERIO	VAL DEATH
		underlying co		(Ic)	SEP	> ()	NOT RELATED TO T		MONIA AL DISEASE OR CO	ONDITION GIV	EN IN PART III	0	
-	O.	HEP	410-K	CENAL	- SUN.	DRUI	YE; C	OP.	D; BA	CIER	EMIA		
Ò	CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	D	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES ES		
5	CER	210 ACCIDENT WAS	_		OF INJURY .M. MONTH D	AV VEAD	21c HOW INJURY	OCCURRE	ENTER NATURE OF	NJURY IN ITEM TO P	PART 1 OR PART 2)		
ч	TH.	OR CONTRIBUTING		Aire	.M. MONTH D	19							
43	MEDICAL	21d INJURY OCC		21e. PŁACE	OF INJURY REET, FACTORY OFFICE.	FARM ETC)	211 LOCATION STREET		CITYO	RTOWN	COUNTY	51	STAT
1		27 Fertify that	(I) (This hasp	ital) attended it	ne deceased fram.		, 19	2	, ta		19	that (It (w	ve) lost
		saw the dec	eased alive or	the body	otter death	, a	nd that in (my) (aur)	apinion de	ath accurred an th	adate and hav	and Iram the	causes sta	ited
7	- 1	226. SIGNAFORE	\ n	V.	Orie Gran		DEGREE			W. I. I.	221 DATE	SIGNED	,
	. 1		10	otte	lle				MEDICAL S DIRECTOR PHY	SICIAN	181	20/	87
/		NA PHYSICIAN'S		De Perpit)			H+ ADDRESS	lemori	al Hospi	tal Med	lical Bu	ildi	ng
		Dr.	Torres					Cumber	land, MD	21502			
		BURIAL, CREMATIC		7			EMETERY OR CREM		23d. LOCATION CITY OR TOWN	4	COUNTY	5	TATE
		Bu	rial	/ 08-2	4-1987	Restla	awn Memori			erland	Allega		MD
		JNERAL DIRECTOR			ADDRESS				REC'D. BY REGISTR				
		James F.	Scarpe	elli, Cu	mberland	, MD 2	21502	AUG	24 1987	Bulia	Dividen.	Pandae	1

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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ET,	13				BETTY	M	AXINE		At	IFN			DEATH A	MATED	8	21	1987	010
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D, WITHIN 72 HOURS W PRESTON STREET,	5	FO	REIGN COUNTRY)				JSA		WIDOV	VED 🖾	EVER MARRI	ED	BALTIMO A11	legar	ny		DEATH	N
RDS, ZOL W	A		TY OR TOWN		ATH		FACILITY, GIVE	STREET ADDRESS		IER INSTIT	UTION	12a USU/ FOR MI	ALOCCUPA OST OF WORKIN	TION (TY	PE OF WORK	O	ND OF BU R INDUST	RY
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3/						Norris						Vi	rginia					- 11
NO	7	16a. V	AS DECEASE S. NO. OR UNKNO	D EVER	(IF YES, GIVE Y	VAR OR DATES}		OCIAL SECURI		17. INFOR				ADDRES				
DIVISION	/		yes		W	WII	21	8-12-5	4/6	Mr.	Willia	am W.	Aller	n-Le	xingt	on F	ark,	MD
0					H (Enter onl	y one couse per l							51 50		46	BETY	PPROXIMATE WEEN ONSE	EINTERVAL T AND DEAT
N. N.	1					E CAUSE (o)		o-pulmo		arre	st					S	udde	n
			Canditio		any, which	1		NSEQUENCE										
44			gove ri	se to	immediate			oloscl		c Hea	rt Dis	sease						
MEN ONEN			lying cou		the <u>under-</u>	DUE TO,	OR AS A CC	NSEQUENCE	OF									
AN AN			PART 2 OTHER S	GNIFICAN	T CONDITIONS C	ONTRIBUTING TO DE	ITH BUT NOT RE	LATEO TO THE TER	MINAL DISEAS	E OR CONDITI	ON GIVEN IN PAR	RT T to						
ALTH AND A		NO	Chron	ic a	rthri	tis												
HEALT		CATI	190. DATE OF	OPERA	TION	19b. CON	DITION FO	R WHICH OPE	RATION W	AS PERFO	RMED?	AL IN			-	20 A	AUTOPSY?	?
	<	TIF	1.043														YES 🔲	NO X
SARTMENTA SIOD TO BILL		MEDICAL CERTIFICATION	216 EXTERNA UNDERLYING CONTRIBUTI	, 0	OR	HOUR A	OF INJURY	H DAY YEA	R 21c. H	OW INJUR	Y OCCURRED	D (ENTER N)	ATURE OF INJUR	RY IN ITEM 18	PART 1 OR P	PART 2)		
200	Track	EDIC	21d. INJURY	OCCUR	RED	21e PLAC	E OF INJUR	Y JATHOME.		CATION		100						
ATE	7 7 7	\$	AT WORK	TON I	WHILE ORK	STREET, P	ACTORY, FARM	, ETC.}		STREET			CITY OR TOWN	•	C	OUNTY		STATE
SH SH			22a I certi	fy that	l took charge	al the remains	described al	pave, held on	Autop	sy .	Inspection	XX	Inquiry	X	nd in my o	pinion		
FE	5		death result	ed Iran	Noture	ol gauses XXX	Acciden	• L. s	uicide	, Hom	icide	Undeter	rmined moni	ner,				
N N			ACTUAL		11/12	///	/			TITLE (SPECIFY)							
ATH	-		SIGNATURE.		1 July	1/w				.D	Dotv	MEDIC	CAL EXAMIN	VER	SIGN	VED_O	3/21/	87
AFTER DEATH, WITH THE ST	X		EXAMINER'S (TYPE OR PRI	NAME NT)	Pai	ul Snow,	M.D.			ADDRESS.			Hospi					
PA S		23a. Bl	JRIAL, CREMA		EMOVAL 23	477 T.		NAME OF CE	METERY C		ORY	23d. LOC	CATION		50	UNTY	63	ATE
			Buri			08-25-1	1987	Sunset	Memo	rial	Park	Cui	mberla	and		gany		
- 17		24 FL	NERAL DIREC		Leek	ADDR	ESS				250 DATER	EC'D. BY	REGISTRAR	125h DEG	ISTRAR'S	SIGNAT	1100	-
5 ME (5))		James	F.	Scarpe	elli, Cu	mberl	and, MI	215	02	.700	201	1981-0					

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REG. NO s	- 1		
	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
	August	29	1987	23:20
1	6. AGE (IN YEARS LAST BIRTHDAY)		NOER) YEAR	IF UNDER 24 HI
		MON	THS DAYS	HOURS MI

(TYPE OR PRINT)	FIRST	,	HIDDLE	,				Ze DATE O	I DEATH	NO THE	DA1 .		ZE HOUR
(THE ORTHING)	ARLYN	ADE	ELBERT	В	ARBE				Aug	ust	29,19	87	23:20
3 SEX	1	RACE		S. DATE C		AY Y	FEAR	6. AGE (IN	YEARS LAST BIRTH	(DAY)	IF UNDER	DAYS	IF UNDER 24 HR
MALE		WHIT	F.			1912		75		YRS			
70 BIRTHPLACE (STATE COUNTRY) WEST VIRG		1. CITIZEN OF	WHAT COUNTRY?	8	D 🔯 NE	VER MARR	IED 🗆	9 BALTIMO	Alleg		Y OF DEA	тн	
10 CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER	INSTITUT	ION		OCCUPATION OF THE PROPERTY OF				BUSINESS
Cumberlan			ial Hosp					RETTR	FD SH	PFR (COUCRE	TE	CO
MARYLAND	13b ALL		CONBERE BEFOR		THE INSI	DE CITY LE	100000000000000000000000000000000000000		ADDRESS /			21	502
14. FATHER'S NAME FIRST AARON	JEF	FERSON	BARBE		IS MOT	RERE	bar.	WE	WEDGE		INKTNS	1457	
THE WAS DECEASED EVEN THE	the fact of the last or will	MED FORCEST WAR OR SATES	204-07-		MARG	SALMSON	BARD	E 1350	5 POPE		SW C	TIME	ERI AND
Conditions, if a gove rise to couse (o), st underlying co	MMEDIAII ony, which immediate oting the ouse lost.	DUE TO O	Agate	YNU UNY ZM	ma an ig		A) C0	nys	1				ATT WITH EVAL
PART 2 OTHER S			ITION FOR WHICH		8.		400	INAL DISEAS	SE OR COND	20b. IF Y	ES, WERE	FINDIN	

NO [

216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED Te PLACE OF INJURY

211 LOCATION

that in (my) (our) opinion death occurred a title date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

The Memorial Hospital Medical Bldg. Memorial Ave., Cumberland, Md. 21502

Dr. Terry Williams 230. BURIAL, CREMATION, REMOVAL 23h DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

BURTAI 24 FUNERAL DIRECTOR

MEDICAL

SILCOX-MERRITT FUNERAL HOME CUMBERLAND MARYI

Aulia Siridon Pandall

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT

Void Death Certificate #87-21737



2501 110		FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH		2 !	7	3 8
356 AUG	LIDE TYP	ASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEAT	H MONTH D	AY YEAR	26 HOUR
poge dear			J. Edi	ward Bl	Lake				16, 198	37	M
mo her	3. SE	X	4	RACE		5. DATE	OF BIRTH	6 AGE JIN YEARS LAS	T BIRTHDAY)	ONTHS DATE	IF UNDER 24 HRS
ge 4	1	Male		White		Dec		86	YRS	ONTHS DATS	HOURS MIN.
h. Po	70 B	IRTHPLACE (STATE OR COUNTRY)	FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
de or		laryland		USA		WIDOW		All	egany		MD.
Was well	10 C	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP	ATION		OF BUSINESS OR
The second secon		umberland		402	Pulaski	Stree	et '	Retired			rical Co.
DA 10	13a.	AL RESIDENCE (IF NUR	136 COUNT	THER INSTITUTION	GIVE RESIDENCE BEFOR		113d INSIDE CITY LIMITS?	13e STREET ADDRE			
The state of	M	larvland	Alle	ranv	Gumberla		YES NO		aski Sti	reet	21502
1 3V 2 de 1		ATHER'S NAME		IDDLE	LAST	2194	15 MOTHER'S MAIDEN NA				
de S		1 114.01		P. Bla			Marga	ret Burkey		(A	51
3		WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		DRESS		
Pag	(YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	214-07-2	2537	Mrs. Mary (1	Mallia) Bi	aka Cur	hamla	a Mac-
the the	-	18 CAUSE OF DEAT	H (Enter poly				1 HES HOLY (torrie) pr	ake, uui	APPRO	KIMATE INTERVAL ONSET AND DEATH
pop pop novo	10	PART I. DEATH W	AS CAUSED	BY:	111111111111111111111111111111111111111	Brand A	2. all allles	Kenthan !	11.		nonset and death
200	13		IMMEDIATE	CAUSE 10)	2940	umo.	as cer cor	culo nec	Theny	-2/	1/On
1				DUE TO, C	OR AS A CONSEOU	ENCE OF			0	100	
6 6		Conditions, if any		(b)_							
	1.0	couse (a), statin	ng the	DUE TO, C	R AS A CONSEQU	ENCE OF					
al, al,		underlying couse	1051	(c)_	4 30 1.0						
born, o	7	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR C	ONDITION GIVE	N IN PART 1	O
or to	_ ₽										
D'an	N S	190. DATE OF OPERA	TION	196 COND	DITION FOR WHICH	OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FIND	NGS USED S OF DEATH?
how	CERTIFICATION							YES NO	YES		NO 🗌
Hyg 18 sh		OR CONTRIBUTING		216. TIME C	OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PAI	RT 1 OR PART 2)	
tem de la	MEDICAL	(IF EITHER NOTIFY MEDI			.M.	19	Total All Time				
o W	ED	21d. INJURY OCCUR	RED		OF INJURY		211 LOCATION		R TOWN	COUNTY	STATE
ked	Z	WHILE NOT WE AT WO	HILE .	(AT HOME ST	REET, FACTORY, OFFICE	ARM, ETC)	STREET	CITY O	KIOWN	COUNIT	STATE
mor		22a I certify that (I)		l) attended th	he deceased from	1	10 84	' Aug	16	.0)	that (I) (we) lost
He He		yow the decept	ed alive as	-46	Certo 10 1	70	nd that in (my) (our) opinion	death accurred on h	e date and hour	and from the	
d for		235 SIGNATURE	(did not)	view the body	affer death.	4			2 3010 0110 11001		
Dep		THE STURVATURE!	1/1/		1/		DEGREE ATTENDING	MEDICAL S	TAFF	220 DATE	SIGNED
ote Z			1	and	V	- 1	PHYSICIAN {	DIRECTOR PHY		ITLL	81781
th the Stot		22d PHYSIC PHYSIC	AME (Tree de)	PRINTE A	P		22e ADDRESS				J
APOR T		Wayne C.	Spies	le MD	/		912 Seton I	rive, Cum	herland	Md.	21502
€ 3 ₹	23a (BURIAL, CREMATION,	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	7 7 7 7 7	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		Burial		8-19-	1000 / 7 1 1 7 1			CITY OR TOWN		COUNTY	STATE
	24 FI	UNERAL DIRECTOR		0-17-	170/	La Pa	tricks Camete	EREC'D. BY REGISTR	AR 256 REGISTR	llegar AR S SIGNA	The same of the sa

DHMH - 16 60M 7/84 (VRA 15, 4)

James F. Scarpelli, Cumberland, Nd.

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while Bear county and (prifol) was .	m) -vgan- (nality (00
Sector rive. Furberland, MA. 21 mg		on sister.	
Sin Connection Charles that Andrews 15.	Striat .12		This was

oge 3			CEASED NAME FIRST Blanc	he G		Blou	għ	August 5,			26 HOUR 11:06J
Po Po		3. SE	X	4 RACE		5. DATE		6. AGE JIN YEARS LAST BIRTHD	AY) IF	UNDER I YEAR	IF UNDER 24 HRS
recto urs af			Female	Whi		Apr	11 7, 1902	85	YRS		MIN.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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TO FUNERAL DISTANCIAL PROGRAMMENT IN

William Lamm M. D. 730 BURIAL, CREMATION, REMOVAL
(SPECIFY)
Burial
74 FUNERAL DIRECTOR

22e ADDRESS

mm M. D. 500 Memorial Ave., Cumberland MD

23b. DATE 23c NAME OF CEMETERY OR CREMATORY Cumberland Allegany MD

Aug. 11, 1987Sunset Memorial Cumberland Allegany MD

ADDRESS ADDRESS AUG. 1 3 1987 Julia Finder-Rolley

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William G. Kight Cumberland, MD

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STATE OF MARYLAND	~
DEPARTMENT OF HEALTH AND MENTAL HYSTENE	/
CERTIFICATE OF DEATH	

- STATE PEGISTRAR 20 DATE OF DEATH MONTH LAST 26 HOUR I DECEASED NAME FIRST :05 TYPE OR PRINTS STANLEY DANIELS August 21,1987 T 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5. DATE OF BIRTH 3. SEX 4 RACE Nov. 16, 1903 Male White BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Allegany DIVORCED 12ª USUAL OCCUPATION IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Owner Ret. Stamp Making Co (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumberland Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Allegany Lumberland 13d INSIDE CITY LIMITS? 153 Polk St. MD 15 MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE Unknown John Daniels Caroline 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES, NO ORUNKNOWN) Marjorie Boyer Clear SpringMd. 217-10-6812 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I DEATH WAS CAUSED BY MOCARDIAL FALLURG CONSEQUENCE OF HEART FAILURG Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF CLERATIC HEART DISEASE cause (a), stating underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY LAT HOME STREET FACTORY OFFICE FARM ETC ! WHILE NOT WHILE 22s.1 certify that (I) (this Rospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED DECREE 77b SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Memorial Hospital Medical Bldg. Amado Torres Cumberland, MD 21502 231 NAME OF CEMETERY OR CREMATORY 73e BURIAL CREMATION, REMOVAL 23h DATE

DHMH - 16 60M 7/B4

(VRA 15, 4)

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Burial 24 FUNERAL DIRECTOR William G. Kight

Cumberland, Md.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE intia Devideon Randale

Cumberland Allegany MD

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE

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NO THE OF C	PERATION	COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		YES NOT			RE FINDING CAUSES	OF DEATH?
On CONTRACTOR	AS UNDERLYING G CAUSE OF DEATH		FINJURY M. MONTH [DAY YEAR	21¢ HOW INJURY	OCCURRED	(ENTER NATURE OF	INJURY IN ITEM	18 PART I	ORPART 2)	
21d. INJURY O		21e. PLACE			211 LOCATION STREET		CITY C	OR TOWN		COUNTY	STATE
sow the d	not (I) (this hospital eceosed alive an _ we) (did) (did not)	8-14	19	87.0	nd that in (my) (our)	opinion deat	to 8 h occurred on th	e date and		d from the d	
V. A	" Ranj	itha	n			NDING NICIAN DI	NEDICAL PH	STAFF YSICIAN []		220 DATE :	17-8)
224 PHYSICIAI	S NAME ITHE	PRONTS			228. ADDRESS						1.
V. A.	Ranjith	an, M.	D.		LMNH, S	eton D	rive, Cu	ımber1	and,	, MD 2	21502
230 BURIAL, CREMA	TION, REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREM	NATORY	23d. LOCATION	И	co	UNIY	STATE

BP.

TO FUNERAL DIRECTOR. After this certificate should be detached for use as the burial-tra-with the State Dept. of Health and Mental H

etained by the hospital or attending p

OR ATTENDING PHYSICIAN The

TO HOSPITAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

8-19-1987 St. Marys Cemetery Cumberland, Allegany, Md. 256. DATE REC'D BY REGISTRARY SIGNAL COMPANY OF THE CUMBERLAND OF THE CUMBERLAND OF THE COMPANY OF TH NAME James F. Scarpelli, Cumberland, Md. 21502

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE FOR

1 0	REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	10.		
# 12	CEASED NAME	FIRST		MIDDLE	i	LAST		MONTH	DAY YEAR	26 HOUR
(TYPE	E OR PRINT)	William	u i	Divelbiss			Aug. 15.	1987	7	3: 50
3 SE			RACE	DIVETUISS	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BH		IF UNDER 1 YEAR	IF UNDER 24 H
	W-1-	0.75	171-4-4		MONTH	,	eli	was	MONTHS DATS	HOURS M
	Male	OR FOREIGN 7h	White	WHAT COUNTRY?	Oct.		9 BALTIMORE CITY C	YRS.	Y OF DEATH	
4	COUNTRY				MARRIE	D NEVER MARRIED				
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1			(1F NOT IN SUC	CH FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST O		IFE) INDUSTRY	
	umberland	IRSING HOME OR OT		Ouisiana	Ave.		Fireman		City	Cumber
13a. S	STATE	136. COUNT	Υ	13t. CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS			160
	ryland	Alleg	any	Cumber]	Land	YES NO	518 Louis	iana	Ave	100
111.17	ATHER'S NAME		DDIE	LAST		15 MOTHER'S MAIDEN NA	WIDDLE		LA	51
	Will		velbis			Flora H				
16a \	WAS DECEASED EVE	R IN U.S. ARM		166. SOCIAL SECT	URITY NO.	17 INFORMANT	ADDR	F22		
	Yes	Kore: ATH Enter anly WAS CAUSED IMMEDIATE my, which mmediate	one cause per BY: CAUSE (a)	236-48-3 Ir line lai (a), (b), or OR AS A CONSEQU LIN	MENCE OF	Mrs. Nancy	Divelbiss,	Cumbe - Des		d. Wif
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CERTIFICATION	Yes 18 CAUSE OF DEAPART I. DE ATH Conditions, if ar gave rise to it cause (a), sta underlying course (a), and a course (a), and	KORE: ATH Enter only WAS CAUSED IMMEDIATE The property of the second o	one cause per BY: CAUSE (a) DUE TO, O (b) DUE TO, O (c) INDITIONS CE 21b. TIME C HOUR A. P. 21e PLACE (AI HOME 511	OF INJURY REEL FACTORY, OFFICE.	DEATH BUT H OPERATIO AY YEAR 19 FARM EIC)	NOT RELATED TO THE TERM ON WAS PERFORMED 211 LOCATION STREET 19 and that in (my) (our) opinion of DEGREE	INAL DISEASE OR COM 200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred an the death occurred an the death	IDITION GI 29b IF YE IN CERT Y JRY IN ITEM 18	IVEN IN PART 16 S, WERE FINDI IFYING CAUSES (ES) PART : OR PART 2) COUNTY 19	ONSET AND BEAUTION OF THE STATE
CERTIFICATION	Yes 18 CAUSE OF DEA PART I. DEATH Conditions, if ar gave rise to in cause (a), sta underlying cou PART 2 OTHER SIGN 19a DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME AT WORK 21d. INJURY OCCU WHILE AT WORK 22a. I certify that saw the deced above, (I) (we)	KORE: ATH Enter only WAS CAUSED IMMEDIATE The property of the second o	one cause per BY: CAUSE (a) DUE TO, O (b) DUE TO, O (c) INDITIONS CO 21b. TIME C HOUR A. P. 21e PLACE (AT HOME STILL) Ootlended the view the body	OF INJURY REEL FACTORY, OFFICE.	DEATH BUT H OPERATIO AY YEAR 19 FARM EIC)	NOT RELATED TO THE TERM NOT RELATED TO THE TE	INAL DISEASE OR CON 200 AUTOPSY? YES NO CHYOR TO	POLIZE ADITION GIVEN THE AND T	IVEN IN PART 16 S, WERE FINDI IFYING CAUSES (ES) PART : OR PART 2) COUNTY 19	ONGS USED OF DEATH? NO state that (h (we) couses state
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TO FUNERAL DIRECTOR. After this certificate hos been signed should be detached for use as the buriol-transit permit. Then playing the State Dept of Health and Mental Hygiene prior ta buri

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 8-18-1987 23t. NAME OF CEMETERY OR CREMATORY

Hillcrest Burial Park

Burial
24 FUNERAL DIRECTOR NAME James F. Scarpelli, Cumberland, Md. ATORY 23d LOCATION
CITY OF TOWN

1 Park Cumberland, Allegany, Md.

25a ATERECO. BY PRESTAR 25b. REGISTRATES SENTATURE

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ITAL OR ATTENDING PHYSICIAN: The law requires the by the hospital or attending physician. RAL DIRECTOR: After this certificate hos been signed by	Amental Hygiene or Item 18 shaws	9		Underlying cause last. PART 2 OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital sow the deceased alive an abave, (1) (we) (did) (did natro 22b. SIGNATURE	19b. CONDITION 21b. TIME OF INJ HOUR A.M. P.M. 21e PLACE OF IN (AT HOME STREET, FA	IBUTING TO DEA	YEAR 210 I L	OCATION SIREET In (my) (our) api E ATTENDIN PHYSICIA	ZOO AI YES CURRED (ENTE	UTOPSY? NO Revalure of INJUR CITY OR TO: Y-//	28b. IF YES, WERE FININ CERTIFYING CAU YES RYIN ITEM IS PART I OR PART WN COUNTY 19 22L D FF	NDINGS USED USES OF DEATH? NO [] STATE that [] (we) It the causes stated
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HOSPITAL OR ATTENDING sined by the hospital or att FUNERAL DIRECTOR After	Amental Hygiene or Item 18 shaws	9	MEDICAL	UNDERLYING COUSE LOST. PART 2 OTHER SIGNIFICANT CO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. IN COURT OF CURRED WHILE AT WORK AT WORK 220. I certify that (I) (this hospital sow the deceosed alive an above, (I) (we) (did) (did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR P	19b. CONDITION 21b. TIME OF INJI HOUR A.M. 21e PLACE OF IN (AT HOME STREET, FA	IBUTING TO DEA	YEAR 19 211 L YEAR 19 211 L On that 19 221 L YEAR 210 F	OCATION SIREET , 19 in (my) (our) api E ATTENDIN PHYSICIA ADDRESS 9 2 5 BIS	200 AI YES CURRED (ENTE 10_ nion death occ N DIRECT	UTOPSY? NO SERVATURE OF INJURE CITY OR TO: STAR OR PHYSICAL ALSH R	28b. IF YES, WERE FININ CERTIFYING CAU YES RYIN ITEM IS PART I OR PART WN COUNTY 19 22L D FF	NDINGS USED USES OF DEATH? NO [] 121
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63666 AUG 25 67 CUMBERLAND, FINE CLASSES

MARGLERITE V. BIXON

SACRED HEART HOSPITAL

Later AS BUA. Later As Sept. Later A

VAS LISHOR WALSH FOAD GUMBERLAND.

DHMH - 17 (VR A15 ME (5))

24 FUNERAL DIRECTOR

Snow.

8/24/87

EXAMINER'S NAME (TYPE OR PRINT) _ Paul

23g BURIAL CREMATION REMOVAL 236 DATE

Burial

23c. NAME OF CEMETERY OR CREMATORY Woodrow Cemetery 23d. LOCATION Hampshire Paw Paw

ADDRESS Memorial Hospital

W. Va.

Cumberland, MD

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NEGES STORY	FC	IRTHPLACE (S DREIGN COUNTRY) Texas		U.S.	Α.	WIDE		AARRIED [allegan		EDEATH	MD
ELAY IS TO THE F PAGE SPIED		Cumber	land	Sacred H	eart ho	ospital	THER INSTITUTION	POR MAT	AL OCCUPATION (S OST OF WORKING LIFE) Lager	(KIND OF BUS OR INDUSTRI Za OM]	V
ANY D AND 3 RETAIN RECORD	13e S	AL RESIDENCE TATE Marylar	#13b COU	or other institution, Gr NIY derick	13c. CITY OR		13d INSIDE CITY LIM	130 425	et appress Megan Co	ourt, 217	701	
EATH # 255 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	14. F.	ATHER'S NAMI	lfred	Buel	Edgle			rjorie	Loui		rrison	
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HALRE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOT	LIFICATI	19a. DATE OF	OPERATION	1% CONDIT	ION FOR WHI	CH OPERATION	WAS PERFORMED?			20	AUTOPSY?	NO 🗆
S CERTIFICATE SHOU STRING THE WORD." RDED TO THE CHIEF RE 3 SHOULD BE USE E DEPARTMENT OF HOUR OF HOUSE OUT PRICE OF THE CHIEF	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF		MONTH DA		HOW INJURY OCC	URRED (ENTER NA	ATURE OF INJURY IN ITEM	IS PART 1 OR PART 2)		
= = 5 € C C C	MEDI	WHILE AT WORK	NOT WHILE AT WORK		OF INJURY (A ORY, FARM, ETC.)	1 HOME, 211	OCATION STREET		CITY OR TOWN	COUNTY		STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAGE FORTH, WITH THE STARBATTWORE, MARYTAND, 21			fy that I took char ed fram: Natu	ge of the remoins desural couses X, and M. Dixor	Accident	neld on Au	Homicide TITLE (SPECIF	Chienter	rmined monner	DATE SIGNED 1	7-17-8	7
07/84 BP 676	6		TION REMOVAL				or crematory Cemetery	Tac	oma, Pier	COUNTY CO CO	Washir	
DHMH - 17 (VR A15 ME (5))	25.1	Smith,	Keeney a	and Bastor		al Home		-	987 Julia	Dandon-	•	

Complete the telephone of the solution of the best to be the solution of the s resident and the first state of the state of Site and a second of the secon The state of the s STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS **CERTIFICATE OF DEATH**

063	25 4 AUG 2	0 87	FOR STATE REGISTRAR	DEP		FICATE OF DEATH	REG. N	211	5 3
	may be poge 3	1. DE	CEASED NAME OR PRINT) ANNIE	FREEMAN	ELLI	OTT	20. DATE OF DEATH	08/14/87	12; 22 M
	ge 4 may ector, po ors ofter d	3. SEX	FEMALE	4 RACE WHITE	5. DATE (6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
	deoth. Po uneral dir in 72 hou	· ·	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	WIDOW		9 BALTIMORE CITY C	COUNTY OF DEAT	H MD.
102	Softer of the full	CUI	MBERLAND	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES MEMORIAL)	STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O NOUSEWITE	OW 12b. KINDUS	ND OF BUSINESS OR
AND 212	filled in the sould be removed be	13a. S	AL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS? YES NO 🛣	130 STREET ADDRESS NONE /26		1999
BALTIMORE, MARYLAND 2120	d completely	16a V	VAS DECEASED EVER IN U.S. AR		SECURITY NO.	15. MOTHER'S MAIDEN NA FIRST Fan 17. INFORMANT	me inie Corprew ADDR		LAST
LTIMO	is. Pog	(no		3-5622	Rev. Wilbur	R. Elliott,		PROXIMATE INTERVAL WEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA	that the death certifical of before attending physical feet attending physical remains or feetings of event.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (c)	EQUENCE OF	Anest II.			
AL RECORDS, 2	he for require	TIFICATION	PART 2 OTHER SIGNIFICANT	19b. CONDITION FOR W			200 AUTOPSY? YES NO	206 IF YES, WERE FILL CERTIFYING CAU	INDINGS USED
VISION OF VIT	G PHYSICIAN: strending physics er this certificat the buriol-tron and Mental Hys ked or Item 18 al	MEDICAL CERT	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE) 218. INJURY OCCURRED WHILE NOT WHILE AL WORK ALWORK	HOUR A.M. MONTH	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		
10	R ATTENDINI haspital ar of RECTOR: Afthed for use on part of Health tem 21 is mor		22a.1 certify that (1) (this hasp	// //	1987,6	nd hot in (my) (aur) opinian of	,		, that (I) (we) lost in the couses stated DATE SIGNED
	O HOSPITAL O trained by the O FUNERAL D hould be detact with the State Do the OFFICE OFFI		DR. R.J. BAR			22e ADDRESS MEMOR		CIAN	14-87 L CENTER
GG	GBP G	23a E	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL (23b. DATE 08-17-1987		EMETERY OR CREMATORY od Memorial Pa	234 LOCATION	COUNTY	Princess Am V
11	DHMH - 16 60M 7/84 (VRA 15, 4)	24. FU	JNERAL DIRECTOR	rpelli. Cumber	1500	250 DAI	E REC'D, BY REGISTRAR	25) REGISTRAR'S SIG	SNATURE

NAME F. Scarpelli, Cumberland, MD 21502

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Julia Davidson- Ran

Harvey H. Zeigler, Hyndman, PA 15545

DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND

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DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
CERTIFICATE OF DEATH	1					

8 87 REGISTRAR		CERTIFICATE OF DEATH	REG. NO. 2	1 / 2 000
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 76 HOUR
MAE	MARGARET	FELL	AUGUST 18, 1987	1:37AM
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	Nov. 26, 1922	64 YRS	
To. BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	Y OF DEATH
Pennsylvania	USA	WIDOWED DIVORCED	Allegar	ND.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
Cumberland	Memorial Hosp		Housewife .	In Own Home
		VITE YES NO	13e STREET ADDRESS / ZIP COO	010321010
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
Henry W.	Meals	Rebecca	Shoemaker	
160 WAS DECEASED EVER IN U.S. / (YES, NO OR UNKNOWN) (1F YES, (ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 235-22-5		R. Fell, Steubenv	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	only one couse per line for (a), (b), (sED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQ (b)	PUSE VASO	DSHOU	3WEEKS 12HR
couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ			6HRS
	CONDITIONS CONTRIBUTING TO	ODEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	IVEN IN PART 1 0
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	INGERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
OR CONTRIBUTION TO CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
THE STITHER NOTHY MEDICAL EXAMINATION OF THE STITHER NOTHY MEDICAL EXAMINATION OF THE STITLE OF THE	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE	E FARM, ETC.)	City oil town	COUNTY STATE
220.1 certify that (1) this hose saw the ceased alive above (1) (he) (did) (hid	1.41/. 11/	and that i (iii) (aur) opinio	n death occurred on the date and ha	, the (1) we) lost our and from the causes stated
AL SIGNAFUL	201/	DEGREE	The second secon	100/10 4-

Menorial Hospital Medical Building Steuben Burial Estate

Steuben Burial Estate Cumberland, Maryland 21502

230. BURIAL, CREMATION, REMOVAL (SPEC#Y)
Burial 23b. DATE 8-21-1987

22d. PHYNCIAN'S

24. FUNERAL DIRECTOR

AME (TYPE OR PRINT)

James F. Scarpelli, Cumberland, Md. 21502

Julia Tiridon Rudal

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James F. Seseptill, Surferines, Ma. Street Will St. 197 Sec. of Section	

_2 871 - s	FOR STATE REGISTRAR			IT OF HEALTH AND MENTAL H		1
I DECE	ASED NAME	FIRST	MIDDLE	LAST	REG. NO.	Y YEAR
(1YPE OF	RPRINT)	JASPER	FREDERICK	FLORA	August 27, 1987	
3 SEX		4 RACE		DATE OF BIRTH		UNDER I YE
Mal	e	Whit	e N	ovember 21,1911	75 YRS.	DAT
70 BIRT	HPLACE (STATE OF		OF WHAT COUNTRY? 8	MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	F DEATH
	t Virgin	ia U.S.		VIDOWED DIVORCED	Allegany	
	OR TOWN OF DE	ATH JI. NAME	OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	176 KINE
Cum	berland		orial Hospit		Telegraph Oper.	West
USUAL 13a ST	RESIDENCE (# MI	IS NO DOME ON OTHER PASTITU	TION GIVE RESIDENCE BEFORE AD	MISSION)		9
Mag	t Va	Mineral	Ridgelev	YES NO 🔯	Route 2, Box 187	120
	HER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	
V	John	Α.	Flora	Sarah	C.	Fa
	S DECEASED EVE	R IN U.S. ARMED FORCE		Y NO. 17 INFORMANT	ADDRESS	
LAES	No	(IF YES, GIVE WAR OR DATE	705-10-52	30 Helen Flor	a - Address same as	#13
y, or othe	cause (a), state underlying cause PART 2 OTHER SIG	se last	O, OR AS A DIMESURY	ATH BUT NOT RELATED TO THE TH	RMINAL DISEASE OR CONDITION GIVE	U IN PART
8 show ony injur	N. DATE OF OPER	ATION IN CO	ONDITION FOR WHICH OF	PERATION WAS PERFORMED	20s AUTOPSYT 20s IF YES. IN CERTIFY!	
4	OR CONTRIBUTING	Annual Control of the	ME OF INJURY P. A.M. MONTH DAY	YEAR 711. HOW INJURY OCC	URRED (ENTER MATURE OF MULIET ON HEM TE PAR	1 (007441)
MEDICAL	THE INJURY OCCU	The same of the sa	P.M. ACE OF INJURY	711 LOCATION		
	erest [] sore	(ASACA	HE STREET FACTORY OFFICE FARM	14	A A TOTOWN	COUNTY
-	EWOR L	OH V	1. 111	nug Ix 1	11421	81
1	CONTRACTOR OF THE PARTY OF THE	ned alive on did did (did not) view the b	od ofter death.	and that in (my) (our) opin	on death occurred of the date and hour	not from t
	124 SIGNATURE	MAN F	1 1 1	DEGREE	MEDICAL STAFF	72x DA
1 7	1/4	/	,	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	8
//	22d. PHYSICIAN'S N	AME (TYPE OR PRINT)	,	PHYSICIAN 22e ADDRESS Memo	MEDICAL STAFF DIRECTOR PHYSICIAN	8 al B
	Dr. T. W	•	,	27e ADDRESS Memo	M DIRECTOR □ PHYSICIAN □ rial Hospital Medic erland, MD 21502	al B

8-30-87

202 Greene Street-Cumberland, MD 21502

(SPECIFY)

(VRA 15, 4)

Burial

STATE OF MARYLAND

, Box 187 26753 Farris #13 above. s same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NUMBER OF STREET STREET TO STREET TO MASS date and how and from the course stated STAFF HYSICIAN [tal Medical Building 21502 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Camp Hill Cemetery Paw Paw - Morgan - West Va. 74 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A.

26 HOUR 8:55P

176 KIND OF BUSINESS OR

Western Md. R.R.

INDUSTRY

SEP 0.2 BBZ / Confidence

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	STATE OF MARYLAND
S 2 2 1 0 APR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIE
5 7 7 1 0 AND 7 STATE	CEDTIEIC ATE OF DEATH

S 3N

16	ECR RAR				CERTIF	ICATE OF DEATH	REG. NO	0.		2	
	CEASED NAME F	FIRST	,	MIDDLE	į,	AST	20. DATE OF DEATH		Y YEAR	26 HOL	JR9:30
(117		LIE	VI	RGINIA	FREE	ELAND	August 4,	1987			P. M
3 SE			RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR		
1	female		whit	е	MONTH	1-29-1904	83	YRS.	ONTHS DATS	HOURS	MIN
	IRTHPLACE (STATE OR FORE	EIGN 76	CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	OF DEATH		
	WV		USA		WIDOWE		Allegan	y			MD.
1	ITY OR TOWN OF DEATH umberland	1	(IF NOT IN SUC	HOSPITAL, NUR HIFACTLITY, GIVE ST LIAL HOS	REET ADDRESS)	R OTHER INSTITUTION	124 USUAL OCCUPATION OF MOST OF MOUSWIFE	ON			
USU	AL RESIDENCE (IF NURSING		THER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	111/11/10/10/5 (171/11/11/11/11	La expert appress	. 710 0000			
	MD	Alle	gany	136. CITY OR T	erland	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 319 Rac		et/215	502	
14. F.	ATHER'S NAME FIRST		Buckle	N LAST		15. MOTHER'S MAIDEN NAI FIRST	Rebecca V.	(nmn)	£A:	51	
	WAS DECEASED EVER IN		ED FORCES?	166. SOCIAL S	ECURITY NO.	17. INFORMANT	ADDRE	SS			
	(YES, NO OR UNKNOWN)	IF YES, GIVE	WAR OR DATES	220-16	5-5707	Mr. William	E. Freeland	, Cumb	erland	d. MD	-husba
	18 CAUSE OF DEATH II	CAUSED	one couse per BY: CAUSE (o)	line for to), (b)	ond if ile	Pul. Em	looli 8m	,	BETWEEN	ONSET AND	RVAI DEATH
		the lost.	(c)	R AS A CONSE		NOT RELATED TO THE TERM	linal disease or con	DITION GIVEN	N IN PART 1	0	
CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY!	WERE FINDII	NGS USE	TH?
	710. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PAR	T I OR PART 2)		
MEDICAL	214 INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		210. PLACE	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC)	21f LOCATION STREET	CITY OF TO	WN	COUNTY		STATE
	22a 1 certify that (I) (th	is hospito	l) ottended th	e deceosed fro	om		, to	, 19	9	thot (l) (we) lost
	sow the deceased obove, (1) (we) (did)	olive on	view the body	after deoth.	9, on	d that in (my) (our) opinion	deoth occurred on the de	ote and hour a	and from the	couses of	ated
	226. SIGNATURE)	1	ines	r	ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN []	224 DATE	SIGNED	87
1	22d. PHYSICIAN'S NAM	E (TYPE OR	PRINT)			27e ADDRESS Memor:	ial Hospita	1 Medic	cal Bu	11d1	ng
	Dr. Zam	nan		16			rland, MD 2		,	1	
	BURIAL, CREMATION, RE	MOVAL	23b. DATE	1 2	3 NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY		STATE
	Buria:	1	08-07	-1987	Hillcre	st Burial Par	k Cumberl		llegan		ID.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, AH should be detoched for users with the State Dept. of Health

74 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 0 7 1987

es (*) ±		DEC	EASED NAME FIRST		MIDDLE	LA	EALTH AND MENTAL HYO ICATE OF DEATH	20 DATE OF DEATH	MONTH	1987	26 HOUR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM 1B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM, PM. 3, RETAIN PAGE 5 FOR YOUR FILES. TO FORMER PAGE 3 MAIN 24 SHOULD BE FILED, WITHIN 22 HOURS AND ALOURS THE SHOULD BE TO SHOULD BE FILED, WITHIN 22 HOURS AND ALOURS THE SHOULD BE TO SHOULD BE THE SHOULD BE TO SHOULD BE THE SHOULD B DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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A FRANY DELAY IS NECESSARY, PLAGE 2, AND 3 TO THE PLAKEBURD DIRECTOR. 33 RETAIN BAGE 5, POR YOUR FILES. 35 ROUND #E BLED. WITHIN 72 HOURS. AL FEOCH \$2, 201 W. PORTION STREET. BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WHIN 34 FOUR BY THE DEATH EXECUTED WHINTEN BY THE DEATH EXECUTED WHINE SHOULD BE EXECUTED WENCE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINES ALCOHOLD BE FORWARDED TO THE CHIEF MEDICAL EXAMINES ALCOHOLD BE FORWARDED TO THE CHIEF MEDICAL EXAMINES ALCOHOLD BE USED AS A BURIAL. TRANSIT PERMIT PROCESS AND AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEVE DIVISION OF THE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION, OR REMOVAL DIVISION OF VITAL RECORDS, 201 W

07/84 25M DHMH - 17 (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FDICAL EXAMINER'S CEPTIFICATE OF TRATE

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T	4. FATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDE	N NAME MIDDLE		LAST	
		1. Hardy		1	ertie M. Grimes			
1	60 WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) (15 YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		-	11.00
L	no		215-16-4659	Edna Ston	ebreaker - Cumb	erlan	d, MD	
	18 CAUSE OF DEATH (Ente	r anly ane couse per line f	ar (a), (b), and (c),)	1			APPROXIMAT BETWEEN ONSE	
1	PART I DEATH WAS CAU	DIATE CAUSE (a)	Ruptured aortic	abdominal	aneuryism	10000		
		DUE TO, OR A	AS A CONSEQUENCE OF					
1	Canditions, if any, wh		Generalized art	eriosclero	sis		13.3	
Т	cause (a) stating the unc	(0)	S A CONSEQUENCE OF					
	lying couse last.	(a)					300	
ı	PART 2 OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PAI	M L in			
			t disease; obes					
Ħ.	190 DATE OF OPERATION		ON FOR WHICH OPERATION W				20 AUTOPSY	?
	보						YES 🕱	NO 🗆
	210 EXTERNAL CAUSE WAS	216 TIME OF	NJURY 21c H	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18	PART I OR PART		NOL
	COTONATY 190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE 210 INJURY OCCURRED WHILE NOT WHILE NOT WHILE		MONTH DAY YEAR					
4	CONTRIBUTING CAUSE		FINJURY (ATHOME, 211 LO	CATION				
	The state of the s			STREET	CITY OR TOWN	COUN	ŧīY	STATE
1	AT WORK AT WORK							
H	220. I certify that I took ch	norge of the remains de co	ribed above, held on Autop	sy Inspection	n X . Inquiry X . an	nd in my apin	nion	
1	death resulted fram: N	atural cause /k /,	Accident , Suicide	, Hamicide .	Undetermined manner .			
ı	1	011.		TITLE (SPECIFY)				
4	ACTUAL SIGNATURE	el /m	M	Doty	MEDICAL EXAMINER	SIGNED	8/22/	87
5	EXAMINER'S NAME	11						
	THE OF SOURT	Paul Snow, M	.D.	ADDRESS_Memor	ial Hospital C	umberl	and Md	21502
2	30 BURIAL, CREMATION, REMOVA	AL 236 DATE	23c. NAME OF CEMETERY O	RCREMATORY	23d LOCATION	COUNT		TATE
	Solutial, Cremation, REMOVA	08-26-198	7 Mt. Herman C	Cemetery	Cumberland	Allea	anv ME	
1	4 FUNERAL DIRECTOR	ADDRESS		250. DATE F		ISTRAR'S SIC	SNATURE AND	
1	James F. Sca	rpelli. Cumh	nerland, MD 215	100	26 198/ 1	and good	1	

065873 SEP 15 0 ATE

page 3

Pages

buriol

prior

18 shov and Mental Hyge

Hem 20 1. DECEASED NAME

MALE

THPLACE (STATE OR FOREIGN

(TYPE OR PRINT)

3. SEX

SIMIL OF HIMBILMID	1	ST	ATE	OF	MARYLAND
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DEPARTN	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIENS 7 REG. NO. 2	116	0 0
	HARMON	20. DATE OF DEATH MONTH	DAY YEAR	1044
	5 DATE OF BIRTH 021H 13 DAY 19 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS BATS	HOURS N
OUNTRY?	8 NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	

Allegany

USA WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION JMBERI AND

Harmon

WHITE

76. CITIZEN OF WHAT C

MIDDLE

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

176 KIND OF BUSINESS OR TETTED INDUSTRY. Dairy

136 STREET ADDRESS / ZIP CODE ROUTE 4 Box 376/21502

130. STATE ALLEGANY 14. FATHER'S NAME

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o

Doc A.

4. RACE

17. INFORMANT

Viola Piper

160 WAS DECEASED EVER IN U.S. ARMED FORCES? ves

HESPER

166 SOCIAL SECURITY NO

Evelyn M. Harmon, Cumberland, MD - wife APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF Coman DUE TO, OR AS A CONSEQUENCE OF

190 DATE OF OPERATION

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21
(IE EITHER NOTIEY MEDICAL EXAMINER)	
71d INJURY OCCURRED	71

b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF LOWN

STAFF

70n AUTOPSY?

NOT WHILE

Burial

le. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM ETC)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

211. LOCATION

MEDICAL

220 I certify that (1) (this haspital) attended the deceased from, saw the deceased olive on 6 - 27 oboye, (I) (we) (did) (did not) view the body ofter death

STREET

and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated

206. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

NO [

STATE

27b. SIGNATURE

DEGREE ATTENDING WND PHYSICIAN DIRECTOR PHYSICIAN

77e ADDRESS

22c. DATE SIGNED 8-30-97

ROBUSTANO

23c NAME OF CEMETERY OR CREMATORY Rocky Gap V/A Cemetery

23d LOCATION Flintstone

Allegany MD

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

AT WORK

(SPECIEY)

James F. Scarpelli, Cumberland, MD 21502

09-02-1987

250 DATE RECUD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Should be detact with the State D

MPORTANT:

DESCRIPTION OF THE PERSON OF T

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1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

	TEGISTRAR		4211111	TEATE OF BEATTI	REG. N	10.		0 /
I. DE	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(1110	Victo	r NMI	Hawl		August	14,	1987	1:20P
3. SE	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BI	RIHDAY)	MONTHS DATS	IF UNDER 24 HRS
	Male	White	Aug	zust 21,1900	86	YRS.	, MONTHS DATE	MOOKS MIK.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
	Maryland	U.S.A.	WIDOW	DIVORCED	Allega			M
	Frostburg	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI 75 Linden	Stre	or other institution	120 USUAL OCCUPAT		PLOCE:	ric Co.
130. S	laryland Al	TOTHER INSTITUTION, GIVE RESIDENCE BEF NTY 13c, CITY OR TO Legany Frost	NW	YES NO		den S	St., 2	1532
14. FA		MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	Δ.	pinal	ST
16a V	George VAS DECEASED EVER IN U.S. AR		CURITY NO	17. INFORMANT	ADDR		primar.	<u> </u>
		214-10			. Hawkin	s. Se	ame as	1.3e
		nly one couse per line for (o), (b),		122 2102220 22	• • • • • • • • • • • • • • • • • • • •	, 50		XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	m Day	milior	seas An. A.			BETWEEN	ONSET AND DEATH
	IMMEDIAT	TE CAUSE (o)	VY NOUV (ALL PAR	A sali			
		DUE TO, OR AS A CONSEC	DUENCE OF					
10.0	Canditions, if ony, which		merli 2	et Curtaxia				
100	gove rise to immediate	(B)	- 4					
1	couse (o), stoting the underlying cause last.	DUE TO, OR AS A CONSEC		colon with	. ~ 4	/		
	onderlying cause last.	(c) Con	ur of	even our	mellstons	,		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION GI	IVEN IN PART 1	(a)
Z	11.	= = Ontonlay	e And	Enoug Dozen				
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC			200 AUTOPSY?	20b IF YE	S, WERE FINDI	INGS USED
E S				yem ounted		IN CERTI	IFYING CAUSES	S OF DEATH?
Ē					YES NO		ES 🗌	NO 🗆
U	21g. ACCIDENT WAS UNDERLYING		DAY VEAD	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART 1 OR PART 21	
¥	OR CONTRIBUTING CAUSE OF DEA	MIN .	19					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	19	21f. LOCATION				
¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC)	STREET	CITY OR TO	NWC	COUNTY	STATE
_	AT WORK AT WORK							
	22a 1 certify that (I) (this hospi	ital) attended the deceosed from	n	. 19			. 19	, that (I) (we) fas
	sow the deceosed alive an obove. (1) (we) (did) (did no	ot) view the bady after death.	, or	nd that in (my) (our) opinion d	eoth occurred on the o			
	22b SIGNATURE			DEGREE			22c DATE	ESIGNED
	(sers	47-0		ATTENDING PHYSICIAN	MEDICAL STA			
1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT]		22e ADDRESS				
	Jesus H. T	an. M.D.		Frostburg	Plaza. Fr	rosth	ourg. I	Md.
	BURIAL, CREMATION, REMOVAL		NAME OF	EMETERY OR CREMATORY	23d. LOCATION			
	Burial	Aug.17187 Fz	noath	me Mam Dan	LA TITO OF TOWN	1220	YINUOS	STATE
24 F	JNERAL DIRECTOR	trager 1.01 tr	COSUDI	urg Mem. Par	M Prosupt	TI.R.	WITER	any Md,
24. F	NAME	ADDRESS	5	Z PAE	REC'D. BY REGISTRAF	ZSb. REGIS	A SERVICE A	TURE
	Durst: Finant F	Jome Frasthi	mo. N	Ida AUU	0 1901 0			

Durst Funes Home, Frostburg, Md.

DHMH-16 30M 2/80 (VRA 15, 4)

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IMPORT ANT III

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				Carrie Cy		

Mant many Money Prostitutes Md.

1		1	Item	13A-E	Per thove D	EDADTMEN	STATE OF	MARYLAND	TAL HWRIEN	NE				- 111
635	7 8 AUG :	17.	STATE -/	-	MED		MINER'S	CERTIFICA		ATH	Per No	1	6 8	
000			CEASED NAM	E FIRST		MIDDLE		LAST		20. DATE KN	10WN	MONTH (DAY YEAR	2h HOU
	ES. SE.		CORPRINT)	TRO	Y			HEARNS		OF DEATH M	AATED XX	7 :	1 1987	7
	STEETS	3. SE	X	4 RACE	5. DATE OF BIRTH		E (IN YEARS IF U	VDER I YR. IF I	UNDER 24 HRS.	20 DATE	ED	MONTH	DAY YEAR	9:15
	ARY, L DIRY, YOUN TON		M IRTHPLACE (S	W	4 29		8 YRS.			DEAD		7 :	1 1987	1 3 13
	IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. HOULD BEFILED, WITHIN 72 HOURS RECORDS 201 WYRESTON STREET,		REIGN COUNTRY)	ALL OR	The CHIZEN OF WH	AI COUNTRY?		HED NEVER			RE CITY OR			
	SE S	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOSP					SUAL OCCUPA	llegat	ny Col	unty KIND OF B	MISUSINESS
	ALA TO	C	umberla	ind	(IF NOT IN SUCH FAC		Hospita	1	FOR	MOST OF WORKIN	G LIFE)		OR INDUS	TRY
- 5	AN A		AL RESIDENCE	I 13b. COU	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LI	MHTC2 113 STE	REET ADDRESS			2/1	500
. 21201	A S S S S S S S S S S S S S S S S S S S		md	1	LLe.	Cumbe	1 0		100 7	45 N	menth	aNo	lave	2
, MD.	The state of the s	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S FIRST	MAIDEN NAM	E	ILE		LAST	
ORE	N DEATH	Nie. V	WAS DECEASE	D EVER IN U.S. A	RMED FORCES?	16b. SOCIAL S	ECURITY NO.	17. INFORMAN	NT.		ADDRESS			
BALTIMORE,	AFIER N	A I	ES, NO, OR UNKNO	(IF YES, GIV	E WAR OR DATES)		10-6213		Giovon	nni Ma		igelo)	
	URS W	-	18 CAUSE O	F DEATH (Enter o	inly ane cause per line f			Alle	gany C	·0.			APPROXIMA BETWEEN ONS	TE INTERVAL
TS NO	N 24 HOUNTER 18 ALONG N SIT PERMIT 17 GIENE, AOVAL.		PARTIDE	ATH WAS CAUS IMMEDIA	ED BY: ATE CAUSE (a) Art	erioscl	erotic	Cardiova	ascular	Diseas	e		BETWEEN ON	ET AND DEATH
W. PRESTON ST.,	IN II IN II		Candition	ns, if any, which		S A CONSEQU	JENCE OF							
9.	PENCIL AMINER - TRAN ENTAL	10	gave ri	se ta immediat	e (b)	5 4 60216501								
201 V	ULD BE EXECUTED WITHIN 24 HO "PENDING" IN PENCIL IN ITEM 1 F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.		lying cau		000.0,000	is a consequ	ENCE OF							
DS.	EXECUING" I		PART 2 OTHER SI	GNIFICANT CONDITION	(c)	JT NOT RELATED TO	THE TERMINAL DISEA	E OR CONDITION GIV	EN IN PART 1 (g).					
Ö	PENDIN PENDIN PENDIN D AS A HEALTH	NO												
AL R	SHOULD ORD "PEI CHIEF N FE USED A T OF HEA UNRIAL, O	CAT	19a. DATE OF	OPERATION	196. CONDITI	ON FOR WHIC	H OPERATION V	VAS PERFORME	D?				20 AUTOPS	Y?
VIT.	NI OR IN OR	CERTIFICATION	21a EXTERNA	L CAUSE WAS	21b. TIME OF	IN II IPV	121. H	OW INJURY OC	CHRRED	NATURE OF BUILDING	V 40 1 10 F		YES 🔀	NO 🗆
DIVISION OF VITAL RECORDS,	THE THE VIDENTIAL STATE OF THE VIDENTIAL STAT	ALCI	UNDERLYING		HOUR A.M.	MONTH DAY	YEAR	044 1143081 00	CURKED (ENTER	THATORE OF INJUR	IN HEM IN PAR	ti i ORPARI 2)		
/ISIO	ERTIF ING ED TO SEPAR	MEDICAL	214 INHIERY	CCURRED	21e PLACE O	FINJURY (AT		CATION						
ā	WRIT WRIT ARE AGE	2	AT WORK	NOT WHILE AT WORK	STREET, FACTO	RY, FARM, ETC.)		STREET		CITY OR TOWN		COUNT	*	STATE
	NNER: THIS CERTIFICATE SHOULD E FICATE, WRITING THE WORD "PEN E FORWARDED TO THE CHIEF ME TAOR: PAGE 3 SHOULD BE USED AN 1 THE STATE DEPARTMENT OF HEAD LAND, 21201 PRIOR TO BURIAL, CE	30			rge of the remains descri	ribed obove, he	ld on Autor	osy K. In:	spection ,	Inquiry]. ond	in my apinio	on	
	BE F		death result	ed fram: Not	urol causes X,	Accident ,	Suicide	, Homicide	Unde	termined mann	ier .			
	CER CER		ACTUAL	M	10			Deputy	(IFY) 7 Chief			DATE	7.0	27
	SEATH SHOW	5	SIGNATURE,	1	7		_		Chief			SIGNED_	7-2-8	3 /
	MED SE 4		EXAMINER'S (TYPE OR PRI	NAME AT	nn M. Dixon	, M.D.		ADDRESS1	11 Penn	Street	-Balte	o. Md	. 212	201
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER BEATH, WITH THE SITE ABAUTIMORE, MARYLAND, 21	23a.B	URIAL, CREMA	TION, REMOVAL	23b DATE	23c. NAME	OF CEMETERY C		23d to	OCATION Y OR TOWN		COUNTY		STATE
07/84 25M	BP	R	emova 1	TOP	8-11-87			Inc	DAYE DECIS	V DECUSED : 2	10 pro-			
	DHMH - 17 (VR A15 ME (5))		NAME		ADDRESS			230.	DATE REC'D. B		-	1 62	NATURE	
	(AV MID WE (2))	LS	tate A	natomy	Board			7)	1624	977	lia Devi	d/o/\-/\	of factors.	Å
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	-		
2	1	6	

	1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	, ,	1		
	506	SASED NAME	FIRST	,	MIDDLE		LAST	28 DATE OF DEATH MONTH	DAY YEAR	2b HOUR		
	2.0	a celoti	JOHN HO				IEY	August 26, 1987		3:17P M		
П	3. SE>	x		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
		male		whi	ite	MONT	10-12-1912	74 YRS				
-		RTHPLACE (STATE OR	FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	B	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH			
7		MD		USA	4	WIDOWI		Allegany		MD.		
1	10. CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	128 USUAL OCCUPATION		F BUSINESS OR		
-		mberland		Memori	al Hosp i t	al		self-employed	Plumi	bing		
1		AL RESIDENCE (IF NUR STATE MD	136 COUI	rother institution NTY Legany	136. CITY OR TOW Cumberl	N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 123 West Third	d Stree	t/21502		
1	14. FA	ATHER'S NAME			1257		15. MOTHER'S MAIDEN NA		LAS			
		1631	M	ichael H	olsheÿ		First Dor	othy Lambert	(A3			
		VAS DECEASED EVER		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	I A			
	NO (125, NO OKONKNOWN)				214-05-9	9216	Mrs. Gertrud	Mrs. Gertrude M. Holshey, Cumb				
	No	Conditions, if ony gove rise to im couse (a), stati underlying cous	r, which imediate ng the lost.	(b) DUE TO, O (c)	R AS A CONSEQUE	ENCE OF	Officer Officer	Duifarchien Seloner: INAL DISEASE OR CONDITION GIV	EN IN PART 110	0		
1	CERTIFICATION	190 DATE OF OPERA	MON	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	IN CERTIF	S, WERE FINDING YING CAUSES			
7		210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.	FINJURY M. MONTH DA M.	AY YEAR		RED (ENTER NATURE OF INJURY IN STEM 18 P	PART 1 OR PART 2)			
	MEDICAL	WHILE NOT WAT WORK	HILE	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
		22a.1 certify that (I saw the decea above, (I) (we) 22b. SIGNATURE	sed alive or	0	19		nd that in (my) (our) opinion.	death accurred on the date and hou				
1		Cerel	Pen	00	our	14	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	181	27/27		
/		22d PHYSICIAN'S N		OK PRINT)			27e ADDRESS 441 N	Centre Street				
	-	Dr. Iam						rland, MD 21502				
	230 €	BURIAL, CREMATION	, REMOVAL	236 DATE	236	NAME OF	CEMETERY OR CREMATORY	23d LOCATION				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certifical should be detached far use as the buriol-tra-with the State Dept. of Heolth and Mental H

IMPORTANT: If hem 21 is marked or hem 18 shu

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502

Burial

08-29-1987 | Sunset Memorial Park

Park | Cumberland Allegany MD

25 A DUG NOCOL BY PEGISTRAR 25 REGISTRAR SIGNATURE

- hadin lightness thank

A STATE OF STATE

	1	McKee Funer	al HOme	STAT	E OF MARYLAND			
C 2 C 2 C 1110 0m	abo	FOR PO BOX 124	DEPART	MENT OF H	EALTH AND MENTAL HYG	1 T	2 1 7	7 0
63939 AUG 27	RA.	STATE BOX 124 REGISTRAR Augusta	. WV 26704	CERTIF	ICATE OF DEATH	REG. NO		0
1	1. DE	CEASED NAME FIRST	MIDDLE	l.	AST .	20 DATE OF DEATH		26 HOUR
oge 3	TYPE	Creola	Florence	Hott		August 16	1987	9:30P M
pod Pod	3 SE		4. RACE	S. DATE C		6 AGE IN YEARS LAST BIR		
ctooff		Female	White	June	18,1907	80	YRS DAT	5 HOURS MIN.
Pog dire		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8		9 BALTIMORE CITY O	R COUNTY OF DEATH	
de Se		W. Va.	U.S.A.	WIDOWE	D NEVER MARRIED DIONORCED	Allegan	y County,	MD
P 2	10: C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME C		120 USUAL OCCUPATION	ON 126 KIND	OF BUSINESS OR
5 to 10	1	Cumberland /	Sacred Heart		tal	Domest		mestic
2 1 15			NOTHER INSTITUTION GIVE RESIDENCE BEFOR				1	1686161
0 × 1	130.		pshire Romne		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 542 Four		26757
1 1 1	14,F	ATHER'S NAME		1	15. MOTHER'S MAIDEN NA		011 000	20131
MARYLA GARAGE	1	Charles	Pownell		Melinda	A Cath		Peters
		WAS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORMANT	ADDRE		CCCID
ote be execution of sisten and specis. Popular, the medical	1	YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 235-72	-2100	Mr. Melvi	Hott Ro	mney, W. V	26757
e be					14. 1.0141	1 11000 100		OXIMATE INTERVAL EN ONSET AND DEATH
ficot ficot pop novo ent,	- 1	PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), as ED BY:	To V	Muscondia	sool ask D.	1	mediate
Certing Proposed in the Propos		IMMEDIA	TE CAUSE (a)	1	VAJOEROVERO	w sovewie	- CCC VII CVVC	We deade
oth oth one con out		Condition of the last	DUE TO, OR AS A CONSEQU	ENCE OF	Tai B. tai	DEC POAGE	· leo	er 5
he death cert he attending I emove carbor mation, or ret		Canditians, it any, which gave rise to immediate	(b) <u>Genv</u>	nasau	yes acon	OSCALIDST	1 12	
W. I		couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF			20 30 310	
s the sed by plea		DADT 2 OTHER CICALEIC AND	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	UNIAL DISEASE OF CON	DITION CIVEN IN DART	lie.
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GUAGGA	23a.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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oy be loge 3 deoth			Charles W	MIDDLE Malter		we.	August	23, 198	100.	
e 4 moy ctor poor	3 SE	MALE	4 RACE WHIT	CE	3.78	723 DAY YEAR	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS	
1 11 A2		IRTHPLACE (STATE OR FOR COUNTRY) ARKANSAS	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Allegany	_	H	
: 253		ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		or other institution	120 USUAL OCCUPATION OF SOFT OF WORK FOR MOST OF PROFESSOR	F WORKING LIFE INDUS	ND OF BUSINESS OR TRY	
AND 212	13a.		HOME OR OTHER INSTITUTION COUNTY	ROSTBU	N	134 INSIDE CITY LIMITS?	130 STREET ADDRESS A	ZIP CODE AIN ST.	21532	
MARYL.	14. F.	JOHN	WILLIAM	HOWE		ALGA	CAROLINA		ISTEIN	
IMORE,	160	WAS DECEASED EVER IN	U.S. ARMED FORCES?	0971273		WILLIAM HO	EXAS 7809 WE,409 NI		CROWLEY.	
S, 201 W. PRESTON ST., I		Conditions, if any, w gave rise to immed couse (a), stating underlying couse	DUE TO, (c)	DUE TO, OR AS A CONSEQUENCE OF (b) SEVERE ISCHEMIC CARDIO MYO PATHY the DUE TO, OR AS A CONSEQUENCE OF						
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DEPARTMENT OF HEALTH AND MENTAL HYGIGIE

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24. FI	UNERAL DIRECTOR		1 2 -/				E REC'D. BY REGISTRAL			
	NAME James	F. S	Carpell	1. Cumber	hand	Md. 21502 AL			Davidson.	
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TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. It with the State Dept. of Health and Mental Hygiene prior

IMPORTANT: If Item 21 is marked or Item 18 shaws

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RE, MD.	GIVE PAGES 1, 2, VITH FORM PM 3, PAGES 1 AND 2 ST	1/6	14. FA	THER'S NAME Alexand	ria	MIDD	rLE	Speir		IS MOTHER'S	MAIDEN NAA	AE MIC	DOLE	C	Scoll	ick
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OF VITAL RECORDS	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXPONERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURNA	REMATI	NO	PART 2 DIHER SIGN	IFICANT CONDITI	ONS CONTRIB		IT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIV	EN IN PART 1 to L					
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

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	FOR STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYGICATE OF DEATH	JENE / 2	11	7	5
	T. DECEASED NAME FRST (TYPE OR PRINT)	MIDDLI	į.	AST	26. DATE OF DEATH	NONTH DAY	YEAR	26 HOUR
	Jam			Kuhn	August 3	1987		2:35P M
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4	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	T COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF D	EATH	
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1		NTY 13c.	RESIDENCE BEFORE ADMISSION CITY OR TOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 200 Claytor	Ave 2	1562	
)	14 FATHER'S NAME Clifford	MIDDLE E.	Kuhn	15. MOTHER'S MAIDEN NA	ME MIDDLE		Si	mith
	16a. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY NO.	17. INFORMANT	ADDRES	5	26	743
	No	36	3-26-5864	Robert E. Kuh	n Gen Delive	ry New	Creel	k, WV
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (COUNTY)	DUE TO, OR AS (c) CONDITIONS CONTR	A CONSEQUENCE OF A CONSEQUENCE OF CORRESPONDENCE RIBUTING TO DEATH BUT N FOR WHICH OPERATION	NOT RELATED TO THE TERM	Henry F	ITION GIVEN IN		
-	TIFIC .				YES NO	IN CERTIFYING YES	CAUSES	OF DEATH?
Property of	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 O	R PART 2]	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	NJURY ACTORY, OFFICE, FARM, ETC.)	211 LÖCATION STREET	CITY OR TOWN	· cc	YTHU	STATE
	220.1 certify that (1) (this haspi			. 19	, to	. 19		hat (I) (we) lost
	saw the deceased olive on above, (1) (we) (did) (did no	ot) view the bady ofter	death.	nd that in (my) (our) opinion i	death occurred on the dot	e and hour and	from the c	ouses stated
	22b. SIGNATURE	, KT.		DEGREE ATTENDING PHYSICIAN X	MEDICAL STAFF		Aug	10,1987
	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS				
	S.T. Chang			Frostburg 1	Plaza Fro	stburg	, MI	21532
	23a BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	234 LOCATION			
	Burial	Aug 7. 19	987 Sunset	Memorial Park	CITY ON TOTAL	and All	egan	V MD
	24 FUNERAL DIRECTOR				E REC'D. BY REGISTRAR 2		SIGNATU	JRE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The Io

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attenshould be detached for use as the buriol-transit permit. Then please remove conwith the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the unsecond should be detached for use as the burial-transit permit. Then please transfer and with the State Dept. of Health and Mental Hygiene prior to burial, commat	IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other traumant event, the medical extraugler has	
	To To	5 A 3	1	73

100	0 2 X AUG -8	0.7	FOR		DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	SIENE 7	2 1	, ,	
102	U AUG -8	OV-	STATE REGISTRAR				ICATE OF DEATH	REG. NO	5.	11	Ö
-			CEASED NAME FIRST		MIDDLE	l l	AST	20 DATE OF DEATH	MONTH DAY	Y YEAR	2b HOUR
	poge 3		RUSSELI		11	LAUR			07 28		1822 PM
	4 mo	3 SEX	(4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR		UNDER YEAR	HOURS MIN.
	ag ge		ALE	white		03	24 95	92	YRS	P DE ATH	
	death. Pa	(RTHPLACE (STATE OR FOREIGN OUNTRY)	US		WIDOWE		9 BALTIMORE CITY O	COUNTY		MD.
201	rs after dea by the fune filled within namified	CUN	TY OR TOWN OF DEATH	MEMORIA	AL HOSPIT	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O retired		IZE KIND OF INDUSTRY Tire Co	Grocer Store
ND 213	hin 24 hou should be per nest the	13a. S	AL RESIDENCE (IF NURSING HOME STATE MD 136. SQL	legany	134. CITY OR TOW CUMBET	N.	13d Inside City Limits?	130 STREET ADDRESS 215 E. O	ZIP CODE Idtown	Road/:	21502
MARYLA	completely and 2 sh	14. FA	THER'S NAME FIRST Juli	en Laure	nt LAST		15. MOTHER'S MAIDEN NA	ida Ritchie		LAST	
BALTIMORE, MARYLAND 2120	Pages 1		VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, O	RMED FORCES?	166. SOCIAL SECU 214-07-		17. INFORMANT Louise Sower	s, Cumberla		- nied	ce
r., BALT	private by provided by the pro		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS		line lar (a), (b), an		ARREST				MATE INTERVAL DINSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	Moundly s	7	Canditions, if any, which		RAS A CONSEQUI		ACUTE AS	BPIRATION	OF FEO	DIMM	160 IATE
01 W. P	ed by the please right, complete controls.		cause (a), stating the underlying cause last.	((c)_	r as a consequi						
ORDS, 2	equire in sign Then r to bu	TION	PART 2. OTHER SIGNIFICANT								
AL RECO	The low ricion. te has bee ssi permit. shows any	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	n was performed	YES NO	IN CERTIFYI YES		OF DEATH?
OF VIT	Z & G G T &		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.	M. MONTH D.	AY YEAR	716 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PAR	TIORPART2)	
IVISION	ING PHYSICIA After this certif as the burial-i fik and Memal arked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	C11Y OR 10	WN	COUNTY	STATE
_	O O S O E		229.1 certify that (I) (his has saw the deceased all above (I) (we) (did) did it	pital) attended the	2.7 19	F-71,0	nd that in my) our) apinian	death accurred an the do	ite and haur c	and from the	hat (1) (we) last causes stated
	AL OR ATTEN the hospital AL DIRECTOR setached for u ste Dept. of He T: If Item 21 is		22b. SIGNATURE	lain	tanu	ar	DEGREE ATTENDING PHYSICIAN	MEDICAL STAN		7/2	SIGNED
	TO HOSPITAL etained by the TO FUNERAL should be detained the North the State with the State IMPORTANT:		DR. W. LAMM	OR PRINT)			77e ADDRESS			1 1	
	BP Show Market	23a E	BURIAL, CREMATION, REMOVA	236. DATE 07-31			emetery or crematory est Burial Par	23d LOCATION CITY OF TOWN CUMberla		county legany	STATE
	DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FI	UNERAL DIRECTOR James F. Scarp	elli. Cu	ADDess			TE RES DAN REGISTRAR		ARABIS BAR	
100											

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO CEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR CHELSTE ARNOLD LILLER August 10. 1987 16:05pm IF UNDER I YEAR 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Male 1902 White 26, May TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia U.S.A. WIDOWED DIVORCED A CITY OF TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY Cumberland Memorial Hospital Owner/Operator Coal Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Allegany 21502 Maryland Cresaptown YES X P.O. Box 5131 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE 0. Liller C. Henry Mary Unknown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 26753 214-05-6073 John T. Fisher P.O. Box 436 Ridgeley, WV No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Thrankres Luctronscules IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Pucumaher Conditions, if ony, which CAD, CHE, gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 22a. | certify that (I) (the-hospital) attended the deceased from ___ 8-9-87 sow the deceased alive on P-9-87
obove, (I) (we) (did) (did not) view the body after death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 8-11-87 22d PHYSICIAN'S NAME (TYPE OF PRINT) 1068 National Highway Dr. Whitmore LaVale, MD 21502 23b. DATE

230 BURIAL, CREMATION, REMOVAL I SPECIFY) Burial

23c NAME OF CEMETERY OR CREMATORY Hillcrest Burial Pk. 23d. LOCATION

Cumber land

Allegany MD

DHMH - 16 60M 7/84 (VRA 15, 4)

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rked

MPORTANT

8/13/87 24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 202 Greene St. Cumb., MD

250 ADATE FREE D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
AUG 2011

No. 12 1995 Land Aug. 12, 1995 Land ACI - furficial . ----Maryland Alleman canting a second of the banks of metial . Livedon DERIAL CALL S, 1987 Hocky Log VA Christery & Christope, Allandery, Ld. Tonna 7. Benryolli, Jumbonland, id. 21902 (120) g divente

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WVU-HGR Morgantown, WV

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Lia Divideon Pandall

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

8-3-87

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24 FUNERAL DIRECT

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGRE

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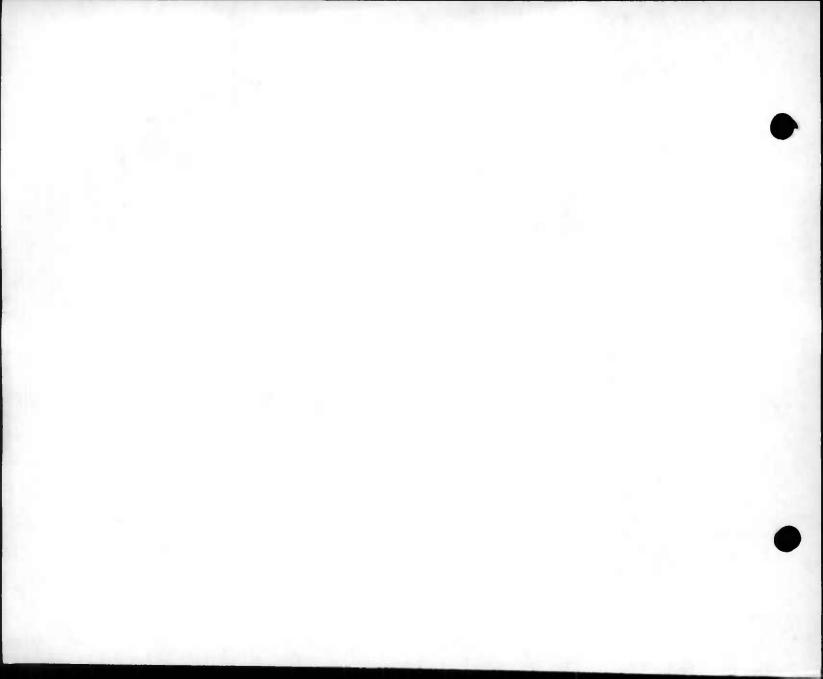
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AS STRAIN AND IN STREET

Void Death Certificate # 87-21780



STATE OF MARYLAND

DEPART

MENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	REG. I	νΌ.	2 1	1	8	
LAST 26. C	ATE O	FDEATH	MONTH	DAY	YEAR	26 HOL) (

* TREGISTRAR						REG. NO), the	1 /	6 1
I. DECEASED NAME	FIRST	WIDDLE		AST	-/	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 5
	/IRGINIA	GAY	MEI	LLON		August 7,	1987	1.3	P. M
3 SEX	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I VEAR	HOURS MIN.
Female		ite	Nov	17,	1909	77	YRS	DAIS	MIN.
BIRTHPLACE STATE OR	FOREIGN 76 CITIZ	EN OF WHAT COUNT	TRY? 8	D NEVER	MARRIED XX	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
W. Va.		J.S.A.	WIDOW	D D	NORCED 🔲	Alle	gany		MD
0. CITY OR TOWN OF DE	ATH 11. NA/	ME OF HOSPITAL, NU	IRSING HOME (OR OTHER INS	TITUTION	120 USUAL OCCUPATION	ON WORKING LIFE)	126 KIND C	PENORTA
.Cumberland		Memorial H				Retired		Court	leporte
USUAL RESIDENCE (# NUR. 130. STATE	136 COUNTY	13c. CITY OR		136 INSIDE C	ITY LIMITS?	13e.STREET_ADDRESS /	ZIP CODE	94	1999
W. Va.	Mineral	. Keys	ser	YES	NO 🗌		le Ave	26	5726/
FATHER'S NAME FIRST	MIDDLE	LAST		-	S MAIDEN NAM	MIDDLE	~	LAS	51
	Mervin	Mellon		Ja		G.		bin	
(YES, NO OR UNKNOWN)	IN U.S. ARMED FOR		SECURITY NO.	17 INFORMA		ADDRES	New	Creek	K. W. Va
No		578-2	0-8481	Will	ie M.	Valentine	P.O.1	Box 1	106
		use per line for (o), (b	it, and icit	-	- \			APPROX BETWEEN	ONSET AND DEATH
PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE	(and	or cynire	long t	arbuy	Tar forte		6	187
AT TO SHE IS A		TO, OR AS A CONS	FOLIENCE OF	confer	En Hea	Factor			. 16 64 .
Conditions, if ony		(b) Alex	en Ao	~らに 1	rabred	las . a	21	mad.	Jech Set
gove rise to important cause (0), stotu	mediote	TO, OR AS A CONS							1
underlying cause		10, OR AS A COINSE	EQUENCE OF						
	NIFICANT CONDITION	ONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR COND	ITION GIVEN	IN PART 1	0
190 DATE OF OPERA									
196 DATE OF OPERA	TION 19b.	CONDITION FOR WH	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	206 IF YES, W	ERE FINDIN	NGS USED
E						YES NOTE	YES [NO [
		TIME OF INJURY	DAY YEAR	21c HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJUR	IN ITEM IB PART	ORPART 2)	
OR CONTRIBUTING	CAUSE OF DEATH	P.M.	19	111					
(IF EITHER, NOTIFY MEDI 216, INJURY OCCUR		PLACE OF INJURY		211 LOCATE		CITY OR TOW	VN	COUNTY	STATE
WHILE NOT WE	HILE	OME, STREET, FACTORY, OF	FICE, FARM, ETC)	SINCE		CHIONIO		COOM	STATE
22s.I certify that (I)	(this hospital) offer	ided the deceased fro	om	11/	, 19 8 7	. to 8/7	, 19,	87	that (I) (we) lost
sow the deceos	ed olive on <u>8/</u>	a bady after death	19 87 . 01	nd that in (my)	(our) opinion d	eoth occurred on the do	te and hour ar	d from the	couses stated
226. SIGNATURE	C A	e body oner deom.		DEGREE A	1.5			22c DATE	SIGNED
(I sho		>		ATTENDING PHYSICIAN	MEDICAL STAF		7 1	Aug 87
224. PHYSICIAN'S N.	AME (TYPE OR PRINT)			22e ADDRES		ial Hospita		1 1 4	- G
Dr. Zai	nab Shamm	a-Othman				and, MD 2150			
230 BURIAL, CREMATION,			23c. NAME OF C	EMETERY OR	CREMATORY	23d LOCATION			
(SPECIEV) Buria			Meadow			Keyser.	Min	TOTAL	TAT STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

PORTANT: If Item 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR Allen Rotruck Keyser, W.Va.

gold in vol esim Telegraph Reclient A Mervin wellon water 3. Corbin Yara willis a. Valentine ... Jos No.

Survey to Aug 67 Jandow colors cale to the terms . V. ..

Allen Gottock Wejters, M.Va. - .eV. # (dette act) in Wolfers

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO			į
I DECEASED NAME	FIRST	٨	MIDDLE		LAST	20 DATE OF D	EATH MONTH	DAY	YEAR	26 HOUR
(TYPE OR PRINT)	WALTER	G	ERSTELL	ME'	CALF	Augu	st 23,	1987		11:15 PA
3. SEX	4.1	RACE		5. DATE		6 AGE IN YEAR			ERIVEAR	IF UNDER 24 HRS
Male		White		Fe	6 6 1898 YEAR	89	,	YRS.	DATS	HOURS MIN.
O. BIRTHPLACE (STAT	E OR FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?	В	D A NEVER MARRIED	9 BALTIMORE			EATH	
West Vir	ginia	USA		WIDOW		A11	egany			ME
CITY OR TOWN OF		NAME OF		G HOME	OR OTHER INSTITUTION	120 USUAL OC	CUPATION			F BUSINESS OR
Cumberlan	nd /		HEACHLITY, GIVE STREET A			Westva	CO		DUSTRY Daner	
JSUAL RESIDENCE (#		ER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	A 131 IN SIDE CITY HAVES	4			4	14416
W.Va.	Miner	_	Predmont		YES NO	190 We	st Fair		St.	26750
FATHER'S NAME					15. MOTHER'S MAIDEN NA	AME		1201		
Thompson	A IDI	Metca.	lf LAST		Getty		MIDDLE EVE	ans	LAS	3
60 WAS DECEASED E	VER IN U.S. ARME	D FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
(YES, NO OR UNKNOWN	(F YES GIVE W	AR OR DATES)	232-07-3	170	Mrs. Bessie I	Metcalf	Piedmo	ont. W	.Va	
1	EATH (Estate and as	200 500 000	line far (a), (b), and		Las pepare 1		× 20 0000	Table 1		IMATE INTERVAL ONSET AND DEATH
PART I. DEAT	TH WAS CAUSED B	SY	Card	o Re	inivatory ta	ilm			BEIWEEN	UNSET AND DEATH
	IMMEDIATE C	AUSE (a)								
		DUE TO, OI	R AS A CONSEQUE	NCE OF	a concin	- ack	ork	- 24	Ten	molous
Conditions, if		(p)	- J-r	0000	2 30 1313	4)1	-1/		1	- A
cause (a), s underlying c	stating the ause last.	DUE TO, OI	R AS A CONSEQUE	NCE OF	Arute p	neum	svid.			
		(c)			1,					
	SIGNIFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISE ASE	OR CONDITIO	N GIVEN IN	PART In	5
N DATE OF OP	ERATION	TIBL CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOP	SV2 20h	IF YES, WER	E FINDIN	VGSTISED
19a DATE OF OP	ERATION	140 COI4DI	TION TOR WITHCH	OFERATIO	WASFERI ORMED		INC	ERTIFYING	CAUSES	OF DEATH?
210. ACCIDENT WA	S LINDERLY SNG	121h TIME O	E IN II IPV		21c. HOW INJURY OCCUR		10 0	YES [0.0.401.21	но 🗆
00.000,000,000,000	CAUSE OF DEATH		M. MONTH DA	Y YEAR	The now mooking occor	WED (ENIER NATO	E OF INJURY IN THE	EM TO PART TO	M r MRI 21	
(IF EITHER NOTIFY	MEDIC AL EXAMINER)	P.,		19	- LOCATION					
(IF EITHER NOTIFY 21d INJURY OC		21e PLACE	OF INJURY REET FACTORY, OFFICE F	ARM ETC)	211. LOCATION STREET		CITY OR FOWN	CC	OUNTY	STATE
AALITE NO	OT WHILE						1			
	ot (1) (this haspital)			18	72 19 8	7 , to 8 ,	123	. 19	-	that (I) (we) last
	ceased alive an ve) (did) (did nat) v		after death.	70	nd that in (my) (aur) apinian	death accurred	on the date an	id haur and f	fram the	couses stated
27k SIGNATURE		10	- 000		DEGREE M.D			2	20 DATE	SIGNED
(8/	Than		>	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [8/	24/87
22d. PHYSICIAN	SNAME (TYPE OR PE	RINT)			22e ADDRESS Memor	rial Hos	nital			
Dr. S	Shamma					erland,)2		
230 BURIAL, CREMATI		23b. DATE	23c N	IAME OF	EMETERY OR CREMATORY	23d LOCAT	ION			
(SPECIFY)	ial	8/26/8	7 Po	tomac	Mem Gardens	Keyse	r Mine	eral	W. Va	STATE .
24 FUNERAL DIRECT		-//-	1			TE REC'D BY REC				

- 16 BOM 2/84

(VRA 15, 4)

24 FUNERAL DIREC

Shurch St. Westernport, Md. 2156 UG 28

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	1	(TYPE	OR PRINT)	DITH		LUCENA	MC	YER	AUGU	ST 1	5, 198	7 8:0
	3	. SEX		4	RACE		5 DATE O	DAY WEAR	6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	HOURS MIN
			Female		White	WHAT COUNTRY?	Marc	h 6, 1916	71 9 BALTIMORE CITY OF	YRS	OF DEATH	
3	5	C	aryland	OREIGN /	USA	WHAT COUNTRY:	MARRIED	DIVORCED	ALLEGANY			,
norffied	2		umberland			HOSPITAL, NURSIN		TAL	OTTO TO THE PROPERTY OF WORK FOR MOST OF Housewif	WORKING LIFE	IZE KIND OF INDUSTRY OWN I	
must be	5	130. S M	aryland	13b COUNT		13t. CITY OR TOW LaVale	ADMISSION)	134 INSIDE CITY LIMITS? YES NO [13eSTREET ADDRESS / 1129 Bra	zip code ddock	Road	/2150
examine	0	4 FA	THER'S NAME Jeremial	n	IDDLE	Taylor		Carrie	Elizab		Huff	
e medical			(AS DECEASED EVER I ES, NO OF UNKNOWN)		MED FORCES? WAR OR DATES)	220100		Thomas C.	Moyer - L			ATE INTERVAL
-			Conditions, if ony, gove rise to imm couse (o), stoting	nediote	(b)			monday A	RREST			
ony injury, or other tr	a	CATION	gove rise to imm couse 101, stoting underlying couse	nediate g the lost	ONDITIONS CO	R AS A CONSEQUI	DEATH BUT	NOT RELATED TO THE TERM		20b. IF YES,	, WERE FINDING	
18 shows ony injury,	9	AL CERTIFICATION	gove rise to imm couse 101, softing underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C	nediote g the lost NIFICANT CO	196 COND 216. TIME O HOUR A.	R AS A CONSEQUI	DEATH BUT OPERATION AY YEAR	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	, WERE FINDING YING CAUSES (
ows ony injury,	911	MEDICAL CERTIFICATION	gove rise to imm couse 101, stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND	rediote g the lost NIFICANT CO FION CAUSE OF DEAT RED	196 COND 196 COND 196 COND 216 TIME O HOUR A P. 21e PLACE	R AS A CONSEQUI	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	, WERE FINDING YING CAUSES (OF DEATH?
Item 18 shows ony injury,	999		gove rise to imm couse 101, stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COURT 21d INJURY OCCURR WHILE NOT WHAT WORK 22a.1 certify that (1)	TION DERLYING AUSE OF DEAT ALL EXAMINER) RED (this hospite	DNDITIONS CO	R AS A CONSEQUI	OPERATION AY YEAR 19 ARM. EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 211 LOCATION STREET 214 d that in [my] (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, IN CERTIFY YES	COUNTY LOG LOW	STATE Out (I) (we) I
them 21 is morked or them 18 shows ony injury,	991		gove rise to imm couse 101, softing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC LIFE ME	TION DERLYING AUSE OF DEAT ALL EXAMINER) RED (this hospite	DNDITIONS CO	R AS A CONSEQUI	OPERATION AY YEAR 19 ARM. EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 211 LOCATION STREET d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, IN CERTIFY YES Y IN 11EM 18 PA	WERE FINDING CAUSES (STATE Out (I) (we) I
them 21 is morked or them 18 shows ony injury,	1	MEDICAL	gove rise to imm couse 101, softing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COURT 21d INJURY OCCURR WHILE	DEFLYING CAUSE OF DEAT AL EXAMINER) RED (this hospite)	DNDITIONS CO	ONTRIBUTING TO I	OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 211 LOCATION STREET d that in (my) (our) opinion DEGREE	TO AUTOPSY? YES NO NO NOTIFE NATURE OF INJURE CITY OF TOVE MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES YIN 11EM 18 PA	COUNTY Ond from the c	STATE STATE Out (Ir (we)) Ouses stated

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4		FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH	YGIE	REG. N	2 1	7 8	3 5
		CEASED NAME	FIRST		NIDDLE		AST	20. D/	TE OF DEATH	MONTH D	AY YEAR	26 HOUR
	(,	R	UTH	W	ILSON	MYE	RS	AUG	UST 23,	1987		1240 PM
	3. SEX	FEMAL		CAUCAS	ION	5. DATE C		EIG	HTY-ONE	81 _{YRS}	IF UNDER TYEAR	
petr		OUNTRY)	R FOREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BAL	TIMORE CITY	OR COUNTY	OF DEATH	
		est Virgi	nia	USA		WIDOWE			Allegan	У	700	MD.
)	CUMBERLAND			11. NAME OF HOSPITAL, NURSING HOME OR ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MEMORIAL HOSPITAL			CUMB MD	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker 126 USUAL OCCUPATION INDUSTR'			OF BUSINESS OR	
	USU A 13a S	L RESIDENCE (IF NU TATE MD	136 COUNTY Alleg	Y	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Ellers1	٧	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌		REET ADDRESS legany		Э Вох	168/21529
1	14. FATHER'S NAME FIRST		MK	AIDDLE LAST		1	15. MOTHER'S MAIDEN N	NAME	WIDDIE			AST
		Worth J			Wilson		Ella		V.		Newman	
		60 WAS DECEASED EVER IN U.S. ARM		MED FORCES? 166. SOCIAL SECURITY NO.		17 INFORMANT ADDRESS						
	no		213-74-2406		MEMORIAL HOSPITAL MEMORIA				AL AVE CUMB MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)												
	NO.	PART 2 OTHER SIG	GNIFICANT CO	NDITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINALD	ISEASE OR COM	adition Give	N IN PART 1	10
2	TIFICAT	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATI				OPERATIO	N WAS PERFORMED		AUTOPSY?			INGS USED S OF DEATH?
	MEDICAL CERTIFICATION	21g. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEATH	DEATH HOUR A.M. MONTH DAY YEAR				CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	MEDIC	21d INJURY OCCU	WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			21f LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
		22a.l certify that (I) (this hospital) attended the deceased from 8 7 , 19 , to 8 - 2 , 19 that (I) (we) last sow the deceased alive on 19 8 , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
		22b. SIGNATURE	awi H	awith an DEGREE ATTER					CTOR PHYS		8- s	ESIGNED
		DR ROBUSTIANO BARRERA				CMH Med. Bldg, Cumberland, MD 21502						

DHMH - 16 60M 7/84

BP.

Deigler, Hyndman, PA 15545 (VRA 15, 4)

236. DATE

08)/25/87

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

231. NAME OF CEMETERY OR CREMATORY Aurora Cemetery

23d LOCATION
CHYOR TOWN
Aurora, Preston, W VA

REGISTRAR 25 REGISTRAR'S SIGNATURE

TO ANY DISTRICT DISTRICT DISTRICT SHOWS IN SHOULD SHOW

ALIBERTANNO DER CALIFORNIA DE LA CONTRACTOR DE LA CONTRAC

ALLE SEED OF THE BUTTON

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician should be detached for use as the burial-transit permit. Then pleasy remove carbanpapers: with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removo

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is morked or them 18 than any

deoth. Page 4 may b 2 2 9 9 3 the 72 hours offer deoily and 72 hours offer deoily and 72 hours offer deoily and 172 hours offer d

	1-	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGGE 7 2 1 7 8 0 TERRIFICATE OF DEATH REG. NO.										
1	87	OR PRINT)	FIRST HELEN		CATEER		IEAL		A(11)	AY YEAR	26 HOUR	
	3. SE	(RELER	4 RACE	CAILL	5 DATE C	OF BIRTH	6 AGE (IN YEARS	2, 1987	IF UNDER 1 YEAR	2:35P M	
	Female			White Jun		June	7, 1912	75	TRO	ONTHS DATS	HOURS MIN.	
2	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio			USA widow		WIDOWE		Allegany MD.				
0	Cumberland			Memori	al Hospit	al	DR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE. 126. KIND OF BUSINESS OR INDUSTRY OWN HOME				
9	130 S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136.STREET ADDRESS / ZIP C APPLAND Allegany Cumberland YES NO BED BED RO								1 / 21	502	
0	/	THER'S NAME FIRST Edward		MIDDLE	McAtee	_	15. MOTHER'S MAIDEN NA Nellie	M		mes LAS	т	
1		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	213-10-9		17 INFORMANT Mrs. Sarah	Wright	- Cumbe	own R	oad , MD.	
	TION	18 CAUSE OF DEATH. Enter only one couse per line for 10), (b) and 100 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. DUE TO OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							EN IN PART I			
4	CERTIFICATION	190 DATE OF OPERA	19.0			OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CERTIFY YES	, WERE FINDIN YING CAUSES	OF DEATH?	
	MEDICAL CE	22a I certify that (I	CAUSE OF DE JOHN THE PRED HILE AND THE THE PRED HI	HOUR A P 21e PLACE LAT HOME, STR	M. MONTH DAM. OF INJURY GEET, FACTORY, OFFICE, FACTORY,	IP IRM, ETC)	ATTENDING PHYSICIAN 220 ADDRESS Memo	to	STAFF PHYSICIAN Spital Med	ond from the	SIGNED	
	(URIAL CREMATION SPECEY) BUTIAL UNERAL DIRECTOR NAME JOHN		Aug.5	,1987 St	ınse	t Mem. Park	23d LOCATIO CITY OR TO Cumber TE REC'D. BY REGI	rland strar 25h, registe	COUNTY ATTERES	URE	
	_	John J. Hafer, Jr. LaVale, MD 215026 1 0 1987 Min Menden Renders										

There is anti-

IMORE, MARYLAND 21201	be executed within 24 hours offer death. Page	ysicion and camplerely filled in by the fuzzkal directe appers. Pages 1 and 2 shavid be filed within 72 hours a val.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funkal directs should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 hours a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

			FOR BOAL FUL				OF MARYLAND EALTH AND MENTAL HYG	a. 7	211	8	7
062	7 N 7 AUG I	l _g	STATE 111 CHUI	CH STR	EEI		CATE OF DEATH	REG.	NO		Sec 1
002		1 DEG	EASED NAME FIRST	PORT, MI	D 21562	i	XST	20 DATE OF DEATH		YEAR	2b HOUR
	oy be	(TYPE	JAMES	5	JOSEPH	OR	OURKE	AUGUST 1	0, 1987		9:07 A
	moy moy	3. SE)		4 RACE		5 DATE C	F BIRTH	6 AGE (IN YEARS LAST		DER I YEAR	IF UNDER 24 HRS
	4 00	1	Male	White		1	20 1910	77	YRS		
	h. Poge 2 hours	7a BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	MEVER MARRIED	9 BALTIMORE CITY			
	de de de		ryland	USA	HOSBITAL MILIBSIN	WIDOWE	D DIVORCED T	ALLEGA	NY COUN		MD. F BUSINESS OR
102	filed with	Cu	mberland	SACRE	D HEART	HOSP		(TYPE OF WORK FOR MOS	T OF WORKING LIFE 1	Post	
ND 213	24 hou	13a. S	TATE 136 CO	OR OTHER INSTITUTION UNITY	13c. CITY OR TOWN Barton	ADMISSION)	134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRES Latrobe		21	
MARYLAND 21201	mpletely ond 2 st	1	THER'S NAME FIRST artin	WIDDLE	Rourke		15 MOTHER'S MAIDEN NA. Catherine	WIDDLE	Naught	on LAST	
BALTIMORE,	e execut n and co Pages 1		VAS DECEASED EVER IN U.S. 105, NO OR UNKNOWN) (IF YES. 108	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 214 07 2		Mrs. Esther		Barton,	Md.	21521
BALTI	physicial physicial noval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY:	r line for (o), (b), one	dick	anest			BETWEEN	MATE INTERVAL DINSET AND DEATH
I W. PRESTON ST.,	that the death cert J by the ottending ease remove carban ol, cremation, ar rei ar other troumatic ev		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(d)_	DR AS A CONSEQUE						
RDS, 201	equires regnece then plants to buring njury, o	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MIN AL DISEASE OR CO	ONDITION GIVEN I	N PART 1:0	
AL RECO	he love to permene per	CERTIFICATION	190 DATE OF OPERATION) 19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, WI IN CERTIFYING YES	RE FINDING CAUSES	IGS USED OF DEATH? NO
OF VIII	IYSICIAN: The ding physicions of secretificate I burial-transit Mental Hygie ar Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IT	NJURY IN ITEM (8 PART)	OR PART 2)	
DIVISION OF VITAL RECORDS,	G PHYSIC ottending er this cer er the burio s the burio and Meni	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY IREET FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
ā	spital or spital or of the other other o		22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on 8/1	0 19	87.00	od that in (my) (our) opinion	death occurred on the	dote and hour one	-	that (1) (we) last causes stated
	TO HOSPITAL OR A setoined by the hos TO FUNERAL DIREC should be detached with the State Dept MAPORTANT. If hem		226 PHYSICIAN'S NAME (T)	Que or PRINI)	wo,	cu)	ATTENDING PHYSICIAN 1	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗌	220 DAJE :	SIGNED S/87
	etoined b		RICHARD SCH	HITT,	MD		900 SETON	DRIVE, C	UMBERLA	ND, I	MD 21502
	Of of Shape		SURIAL, CREMATION, REMOV	AL 23b. DATE	23c N		EMETERY OR CREMATORY	234 LOCATION	-		STATE
	BP		Burial	8/13/8	37 Sur	met M	em. Park		and Alleg	_	
	DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	AMERICA DIRECTOR	Western	port, Mary	land	01260	G 1 3 1987	AR 256 REGISTRAR		

ALL CHURCH STREET

062707 AUG 1487 VESTERLISORT, NO 23565

JAMES JOSEPH ORCURKE AUGUST 10, 1507 9:07 A

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Supporting SACRED HEART HOSFITAL Tortuning Joseph

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PICHARD SCHMITT, NO GEO SERON DRIVE, CHMESRLAIN, NO 21502

Total 1, 13/17 Russell . State Comment 7./17/17

Magaze Down Leatermooth, Physics 51562 AUG 13 1987 _ Triangless.

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4 4 AUG -		EASED NAME FIRST		MD 2156	2 CERTIFICATE OF DEATH	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
deoth	(Type	BEATR I	CE	IRENE	PARSONS	AUG	GUST 1.	1987	8:15
0 0	3. SE		4 RACE		5. DATE OF BIRTH	6 AGE IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HE
90	Fe	emale	Whate		Sept 15 1914 ***	72	YRS	ONTHS DATS	HOURS MI
62 74		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	F WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CIT		OF DEATH	
1000	1	Vest Virginia	USA		WIDOWED DIVORCED		ANY COL	JNTY	,
155		TY OR TOWN OF DEATH	(IF NOT IN SU	UCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) RT HOSPITAL	120 USUAL OCCUP (TYPE OF WORK FOR MO Domesti			BUSINESS
filled in	13a S Ma	AL RESIDENCE (# NURSING HOME STATE 136 CO Arvland All	OR OTHER INSTITUTION	130. CITY OR TOW	/N 13d INSIDE CITY LIMITS!	104 Mull		215/4	0
and land	14 FA	THER'S NAME Wesley	MIDDLE Junk	ins	Mamies C	MIDDL	'Cantwel	1 LAS	1
ers. Poges I		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN] (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	2145214	Wes Debend		ouke, Md		MATE INTERVAL
and by the ottending		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, ((c)_	OR AS A CONSEQUE		RMINAL DISEASE OR C	ONDITION GIVE	N IN PART IN	0
or better owned by the otherdina formal than the remove corb to the corporation or a corporation of other troumotic	HCATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, (b)_ DUE TO, (c)_ T CONDITIONS (OR AS A CONSEQUE	ENCE OF	200 AUTOPSY?	206. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH?
illigate for beginning by the offending alternating from the period of t	AL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, (b) DUE TO, (c) T CONDITIONS (C) TOON DITIONS (C) TOON DEATH HOUR A	OR AS A CONSEQUE CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH DA	ENCE OF DEATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED AY YEAR 21c. HOW INJURY OCC		206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
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CDR. After this certificate to believe good by the ottending of for use as the beneditions form. They best remove corb is at feelth and Manual Propients, or presented premotion, or in a feelth and Manual Propients, or premotion, or in a feel in marked or term 48 shows pay majors, or either troumotic.	122	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK ALL WORK 170 CONTRIBUTION COURSED	DUE TO, ((c)	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET FACTORY OFFICE, F	ENCE OF DEATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCC SPEET APPLICATION SPEET 19 19 19 19 19 19 19	200 AUTOPSY? YES NO URRED (ENTER NATURE OF	206. IF YES, IN CERTIFY YES INJURY IN ITEM IS PA	WERE FINDING CAUSES IT I OR PART 2) COLINER ond from the	NGS USED OF DEATH? NO STATE that (I) (we)
by the hatpival or attending physician (SAL DIRECTOR, After this certificate for being again by the ottending described for use as the bandutannia promit. Then please remove corbitors Destributed for use as the bandutal tygenetic or programment or the programment of the second or or NIT. If them 21 is marked at them 18 shows they always at other troumotic.	122	Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK ALWORK 170 LOTHER LIFETHER HOT WHILE ALWORK ALWORK ALWORK LIFETHER HOT LIF	DUE TO. (b) DUE TO. (c) T CONDITIONS (C)	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET FACTORY OFFICE, F	ENCE OF DEATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCC AY YEAR 19 21t. LOCATION SAFET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO URRED (ENTER NATURE OF	20b. IF YES, IN CERTIFY YES INJURY IN ITEM IS PA	WERE FINDING CAUSES	NGS USED OF DEATH? NO STATE that (1) (we) 1
etained by the haspinal or attending physician. O FUNERAL DIRECTOR, After this certificate to being goed by the ottending model be democrated for use on the binishitativity again. Then please remove corbust the State Dept. of Health and Membel Pygenner (og gabarial), cremotion, or MPORTANT, if hem 21 is marked by their 18 shows any injury, at atther troumotic.	MEDICAL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK ALL WORK 170 CONTRIBUTION COURSED	DUE TO, (b) DUE TO, (c) T CONDITIONS CONDITI	OR AS A CONSEQUE CONTRIBUTING TO I DITION FOR WHICH OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET FACTORY OFFICE. F the deceosed from Jy offer death.	DEATH BUT NOT RELATED TO THE TE I OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCC AY YEAR 19 21t. LOCATION SMEET 19 DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO URRED (ENTER NATURE OF CITYO) On death occurred on the DIRECTOR PHY	200. IF YES, IN CERTIFY YES INJURY IN ITEM IS PA PRIOW!	WERE FINDING CAUSES COUNTY OND IT OR PART 2) OND IT OR PART 2) OND IT OR PART 2) A COUNTY OND IT OR PART 2)	NGS USED OF DEATH? NO STATE that (I) (we) couses stated SIGNED .

BOAL-WARNICK FUNERAL HOMETE OF MARYLAND

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funeral director, page 3

STATE OF MARYLAND 0645178

NG. 28 187 REGISTRAR		DEPARTMENT OF F	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	2 1	0 1
1. DECEASED NAME FIRST	· / . MIDDLE		LAS		MONTH DAY YEA	R 26 HOUR A
ITYPE OR PRINT) Cec	ilia .	J. Pen	nington	08/21/87	7	920 "
3. SEX	4 RACE		OF BIRTH	6. AGE JIN YEARS LAST BIRTH		
F female	White	MONT		78	YRS MONTHS DA	AYS HOURS MIN.
To. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY OF		H
West Virginia	USA	MARRIE		Alle	gany	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 126. KIN	ID OF BUSINESS OR
Cumberland	Cumberland	Nursing H	ome	Housewife		o Own Home
USUAL RESIDENCE (IF NURSING TOME OF 130. STATE	ROTHER INSTITUTION GIVE RES	IDENCE BEFORE ADMISSION		12- STREET ADDRESS		1.18.181
	eral Wil	ey Ford	13d INSIDE CITY LIMITS?	None		19999
14 FATHER'S NAME			15 MOTHER'S MAIDEN NA			
Eli Sm	ith	LAST	FIRST	Phoebe S	mith	LAST
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SC	OCIAL SECURITY NO.	17 INFORMANT	ADDRES		
(YES NO OR UNKNOWN) JIF YES, G	VE WAR OR DATES)	2-22-2556	Mrs. Marvel	Morlen. Wile	v. W.Va. I	Daughter
18 CAUSE OF DEATH (Enter of			1			PROXIMATE INTERVAL
PART I. DEATH WAS CAUS	ED BY: TE CAUSE (o)	and in ver	matory o	west	40'	rutes
BAUNEDIA		CONSEQUENCE OF	0-	<u> </u>	20,000	
Conditions, if ony, which	(b)	Ovoram	ie Brain	Lyndrin	ne	years
gove rise to immediate couse (a), stating the	DUE TO OP AS A	CONSEQUENCE OF		7	4	
underlying cause last	(6)	CONSEGRADACEON				
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PAR	T lia
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING						
190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED
THE STATE OF THE S				YES NO	YES [NO [
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	(2)
OR CONTRIBUTING CAUSE OF DE	AIR	19				
LIFETHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	21e. PLACE OF INJ		211 LOCATION	CITY OF TOW	vn county	STATE
WHILE NOT WHILE T	(AT HOME, STREET, FAC	TORY, OFFICE, FARM, ETC)	3,466			
220.1 certify that (I) (this hasp	ital) ottended the dece	ased from	, 19	, to	, 19	, that (1) (we) last
sow the deceased alive o obove, (1) (we) (did) (did n	n	19, a	ind that in (my) (aur) opinion	death accurred an the do	te and hour and from	the couses stated
226. SIGNATURE			DEGREE			AJE SIGNED
dens	unto me	_	ATTENDING PHYSICIAN	DIRECTOR PHYSICI		123/57
22d. PHYSICIAN'S NAME COM	pereka;		22e ADDRESS	_		21502
SUNII K	GUPTA		69,6rce	ne st (umkerle	and MD
23a. BURIAL, CREMATION, REMOVA	236 DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		
Burial	8-23-198	7 Sunact	Memorial Park	Cumberla	nd Alleg	STATE Md.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

IMPORTANT: If Hem 21 is marked

74 FUNERAL DIRECTOR
NAME James F. Scarpelli, Cumberland, Md. 21502

Sunset Memorial Park Cumberland Allegany Md
256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
RESS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN TE STASED NAME 76 HOUR E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
E), WITHIN 72 HOURS DEATH MATED 520 Ar **JEFFREY** LEE 4. RACE 2d HOUR DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE DAY YEAR LAST BIRTHDAY PRONOUNCED 520 hr 53 87 34 Male Sex BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Pennsylvania DIVORCED T Allegany AND 3 TO THE FUI RETAIN PAGE 5 I HOULD BE FILED, W W CITY OR TOWN OF DEATH 120 USUAL OCCUPATION ITYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Cumberland Memorial Hospital Surgeon Lumber Tree USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130 STATE 1136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 628 Washington Street 21502 Allegany Maryland Cumberland YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ILD BE EXECUTED WITHIN 24 HOURS AFTER DEATH
PENDING" INTERNIL INTERN 18. GIVE PAGES.
MEDICAL EXAMINER ALONG WITH FOR PRICE AS A BURIAL - TRANSIT PERMIT. PAGES HEALTH AND MENTAL HYGIENE, DIVISION ON THE ALTH AND MENTAL HYGIENE, DIVISION ON THE ALTH AND MENTAL HYGIENE. Robert Dorothy Petersen Brobander 17. INFORMANT ADDRESS (YES NO, OR UNKNOWN) Weeks 216-66-2231 C. Petersen same as above APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Brain contusion 2 days W. PRESTON TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 28 P. EXECUTE THE CERTIFICATE. WRITING THE WORD." PENDING". IN TEXPENCIL IN TEXAMENEE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALOND FOR UNREAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL: TRANSIT PER AFTER DEATH AUITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN BALTMORE. MARTHAND 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which 2 days Skull fracture gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. Automobile accident 2 days PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in Cervical spine fracture & Right pubic bone fracture, Blood alcohol 0.26% 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19g DATE OF OPERATION 20 AUTOPSY? YES 🗌 NO X 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
Truck accident. Truck turned over. Victim HOUR A.M. MONTH DAY UNDERLYING XXOR
CONTRIBUTING CAUSE OF DEATH nined between dashborad and roof
TH. TOCATION
STREET North bound Lanews COUN 214 INJURY OCCURRED 21e. PLACE OF INJURY AT WORK AT WHILE STATE 36 above Barrelville Md Md Allegany Mt Savage Inspection X 220. I certify that I took charge of the remain when above, held on X Accident Homicide ___ death resulted from: Notural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL 8/9/87 Doty SIGNATURE EXAMINER'S NAME ADDRESS Memorial Hsopital Cumberland Md 21502 (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL TIME DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation mithsburg Crematory Smithsburg 07/84 Wash 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Julia Davidson Randage (VR A15 ME (5)) Hafer LaVale

	8 4	X	5_
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled into the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 strandate free with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examine matter rather

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STATE OF MADVIAND

STATE OF MARTLAND	73
PARTMENT OF HEALTH AND MENTAL I	HYGIENE
CERTIFICATE OF DEATH	- 13

-		STATE REGISTRAR			DEPART		ICATE OF DEATH			i	
1	24 6	EASED NAME	FIRST	A	NIDDLE		AS1	REG. I		YEAR 26 HOU	IR
٠		OR PRINT)	HAZEL	PAU	LINE	POF	RTER	August 2	4, 1987	6:55	AM
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5	C	ty ör town of t Cumberlan	d	Memori	al Hospit	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWI	OF WORKING LIFE) INDL	(IND OF BUSINE USTRY	ISS OR
5		AL RESIDENCE (IF NOTATE		egany	13c. CITY OR TOW		134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE 2	1545	
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		Jacob		A.	Pryor		Susan	WIDDLE	Brie	dentha	1
		VAS DECEASED EV	ER IN U.S. AI	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADR	ESS 1 Bo	x 358	1 = 1
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	W	WHILE NO	WHILE WORK	(AT HOME STR	EET FACTORY OFFICE, F	ARM ETC)	STREET	CITY OR	OWN COU	7017	TATE
		22a.1 certify that	(I) (this hosp	ital) attended th	e deceased from_			, to	. 19	, that (I) (we) last
		saw the deci above, (1) (w	eosed alive or e).tdid) (did n	ot) view the body	ofter death.	, 0	nd that in (my) (our) opinion	death occurred on the	date and hour and fir	om the couses st	o ted
		226. SIGNATURE	1)_	K		. 1	DEGREE ATTENDING	MEDICAL ST	AFF 73t	E/201	2
,		22d PHYSICIAN'S NAME (179E OR					PHYSICIAN [DIRECTOR PHYS	ICIAN 🗌	9/ /	0 '
/			Q. Zam				Memor	ial Hospita rland, MD 2	ll Medical	Buildir	ıg
		BURIAL, CREMATIC	N, REMOVA	236 DATE	23c. I	VAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNT	γ ,	STATE
		Bui	rial	8/27/	87 H	illc:	rest Burial	Cumbon	land All	OCCUPA	MD
	24 FU	UNERAL DIRECTOR		sure-St	ein Eun		Home, The	TE REC'D. BY REGISTRA	R 256 REGISTRAR'S S	IGNATURE	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the certificate be executed within 24 hours after death. Pretained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the fungol dissipation and campletely filled in by the fungol dissipation to the fungol dissipation of the fungol dissipation of the fungol dissipation of the fungol dissipation of the function of the filled within 72 has with the Storic Dept. of the full hand Mental Hygiene prior to burned.
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
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	1 - 27	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		- A	
3		CEASED NAME	FIRS?		MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	25 HOUR	
	(TYPE	U,	rgin			Rati	hoone	8/23/8	7		80	PM
	3. SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	IF UNDER 2	A HRS
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petil		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF	DEATH		
		MD MD		USA		WIDOWE		Allegany	/			MD.
d	10. CI	TY OR TOWN OF DEA	TH				OR OTHER INSTITUTION	120. USUAL OCCUPATIO	N	126. KIND O	F BUSINES	SOR
		Cumberland (IF NOT IN SUCH FACILITY, GIVE STREET CUMBERLAND NU USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE)				rsing	Home	ret. tech	nologi	st hos	spita.	1
100	130. S	AL RESIDENCE (IF NURS) TATE MD	ISB COUN	OTHER INSTITUTION	13c CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1423 Willo				
)			HITE	egany	Cumberl	and			W Cour	t/215l	J2	
1	14. FA	THER'S NAME		MIDDLE.	LAST		15. MOTHER'S MAIDEN NAA	ALDOLS.		LAS?		
		А	.G. P	erdew			Ida N	Maude Kirby				
		AS DECEASED EVER		MED FORCES?	166. SOCIAL SECU		17 INFORMANT	ADDRES				
1		no	(213-12-9	233	Dr. John P. &	Francis R.	Light	- son	S	
		18 CAUSE OF DEATH	H (Enter an	ly ane cause per	line far (a), (b), an		1 ,	2		APPROXU-	MATE INTERV	AL EATH
		PART I. DEATH W		E CAUSE (a)	Cardie	s - Ke	spiratory	Brrest			0100	
				DUE TO, O	R AS A CONSEQUE	NCE OF				- 1		
		Canditions, if ony,		(tb)								
		gove rise to imm cause (a), statin underlying cause	g the	DUE TO, O	R AS A CONSEQUE	NCE OF				100		
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	Z O	~ .	VIFICANT C	0 -			NOT RELATED TO THE TERMI			IN PART Ito		
7	ATIC	190 DATE OF OPERAT	TION		- (N WAS PERFORMED	200 AUTOPSY?	20b IF YES, W			
	CERTIFICATION							YES NO	IN CERTIFYIN	G CAUSES	OF DEATH	1?
7	E C	210. ACCIDENT WAS UND	_	216. TIME O		VE AD	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18 PART	ORPARIZ)		
7	¥	OR CONTRIBUTING C		th.	M. MONTH DA	19						
	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY		211. LOCATION	CITY OR TOV	/61	COUNTY	614	ATE
	X	WHILE NOT WH	RK -	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TOV	/N	COUNTY	514	ATE.
	1	22a.1 certify that (1)				. 31	19.85	, to	.3 19	87.	that (I) (we	e) last
		saw the decount abave, (I)	d alive on,	t) view the body	after death.	, ar	nd that in (my) (aur) apinian a	leath occurred an the da	te and havr ar	id Iram the a	auses stat	ed
		226. SIGNATURE	- 0	hvesto	- fr		DEGREE	-MEDICAL STAE		22c. DATE		
_		~2			Or. P.B. He	lund		MEDICAL STAF	AN 🗆	8/2	418	7
		22d. PHYSICIAN'S NA						uemoria	1 400	for too e		
		S.M. S	STIKE	21HH			Cuu	berland	Mad	213	5 CZ	
		URIAL, CREMATION,					EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STA	ATE 9
		Buria	ΙE	U8-26	6-1987 S	unset	Memorial Park	Cumberla	ind Al	legany	/ MD	

24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502

Allegany

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filled in by the funeral director, page 3 outld be filed within 72 hours after death

ottending physician and c ove carbanpopers. Pages

CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG. 2 1 1987

2	418	FOR STATE REGISTRAR		DEPARTI		ICATE OF DEATH	SIENG /	REG. NO.	1 9	3
ī		CEASED NAME FIRST		MIDDLE	5	AST	2a DATE OF D	DEATH MONTH D	AY YEAR	26 HOUR
		HELEN		ACILEE	R	CKER		14, 1987		12:45%
	3. SEX	(4 RACE		5. DATE C		6. AGE (IN YEAR		ONTHS DAYS	IF UNDER 24 HRS
		Female	White		Nov	7. 6, ⁰ ^1898 [^] €	88	YRS.		
1	7a. BIF	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
		ennsylvania	USA		WIDOWE	DIVORCED	Allega			MD.
À	10. CT	TY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	120. USUAL OC	CCUPATION OR MOST OF WORKING LIFE	INDUSTRY	F BUSINESS OR
1		mberland		rial Hos			Housev	rife .	In Or	n Home
The same	13a S		or other institution unity Legany	13t. CITY OR TOW	/N	134. INSIDE CITY LIMITS? YES MO	135 N	odress / ZIP CODE	anic St	202
1	14. FA	THER'S NAME FIRST Clas	rence Tro	ut		Verna nm		WIDDLE	LAS	1
		VAS DECEASED EVER IN U.S.		166 SOCIAL SECU	JRITY NO.	17. INFORMANT		ADDRESS		
	(4	res, no or unknown) (if yes,	GIVE WAR OR DATES)	214-74-	7156	Mrs. Doris	A. Rodie	, Ind. Da	ughter	
	NO	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED) Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICAN	SED BY: ATE CAUSE (a) DUE TO, O (b) DUE TO, O (c)	RAS A CONSEQUERAS A CONSEQUERA	ENCE OF	Hent Fai.	lard lard	OR CONDITION GIVE		MATE INTERVAL DISET AND DEATH
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP	SY? 206 IF YES, IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
1	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR				
	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	,	CITY OR TOWN	COUNTY	STATE
		22a L certify that (I) (this has sow the deceased alive abave, (I) (we) (gld) (did	on	- 14 198	27.01	nd that in (my) (aur) apinian	death occurred	on the date and have		that (I) (we) last causes stated
		226 SIGNATURE	Janes	1			MEDICAL DIRECTOR	STAFF PHYSICIAN	221 DATE 8-1	SIGNED
		22d. PHYSICIAN'S NAME TYP	E OR PRINT)	1		22e ADDRESS Memor	ial Hosp	oital Medi	cal Bu:	ilding
		Dr. Barrera				Cumbe		MD 21502		
		SURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATI	RIOWN	COUNTY	STATE
		Burial	8-17-1	1987 H	iller	est Burial Pa	Cum	berland, A	llegan	y, Md.

Cumberland, Md. 21502

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

F. Scarpelli

BP.

TO FUNERAL DIRECTOR: After this certificate that should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygieres

MPORTANT: If Hem 21 is marked or Item 18 share

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STATE OF MARYLAND

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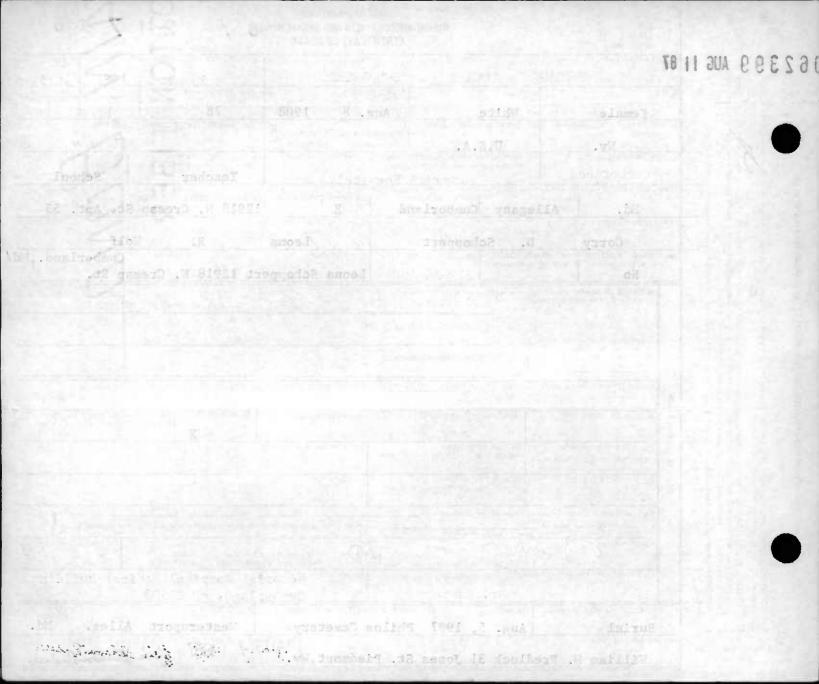
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR			DEPART		CATE OF	MENTAL HYG DEATH	9 ,	2. 3. NO.	17	90
PE OR PRINT	FIRST	M	IOOFE	£,	KST		20 DATE OF DEAT	Н момтн	OAY YEAR	26 HOUR
· · ·	THELMA	LOU	JISE	SCHO	PPERT		A ₁	igust 3	. 1987	10:50an
3. SEX	4.	RACE		5. DATE O			6 AGE (IN YEARS LA		IF UNDER 1 YE.	AR IF UNGER 24 HRS
Female		White		Aug	•	1908	78	MBC	MONTHS DAT	S HOURS MIN
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COUNTRY)		II C	A	WIDOWE		MARRIED A	10.		Allega	2017 440
10. CITY OR TOWN O		U.S I. NAME OF H	OSPITAL, NURSI				12a USUAL OCCU	PATION		OF BUSINESS OR
Cumber:	and	(IF NOT IN SUCH	FACILITY, GIVE STREE				(TYPE OF WORK FOR M			
USUAL RESIDENCE U		THER INSTITUTION I	Memoria GIVE RESIDENCE BEFORE		ital		Teach	er .	5	chool
Md.	13b. COUNT All	1	Cumberla		13d. INSIDE (NO 🗌	13e.STREET ADDR	SS / ZIP CO Cresa	St. A	pt. 53
14 FATHER'S NAME FIRST Cor		D. Sc	hoppert		15. MOTHER	s MAIDEN NAM FIRST Leona	ME MIDE		Wolf	LAST
160 WAS DECEASED	VER IN U.S. ARM	ED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMA			DDRESS		erland.,M
YES, NO OR UNKNOW	(IF YES, GIVE)	WAR OR DATES	219-36-	4989	Leona	Schonne	ert 12918	N. Cre		,
	EATH (Enter only	one couse per				0				OXIMATE INTERVAL IN ONSET AND DEATH
PART I. DEA	TH WAS CAUSED	BY:	Advar	red	(on !	Blevo	1 c Her	roller	m seine	N ONSET AND DEATH
	IMMEDIATE						1-	100		
Candition it		1	AS A CONSEQU	JENCE OF			(tr	inh)	
Conditions, if gave rise to	immediate	(b)						/		
cause (a), underlying		DUE TO, OR	AS A CONSEOU	JENCE OF					100	
		(c)								
PART 2 OTHER	SIGNIFICANT CO	onditions <u>co</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED	O TO THE TERM	INAL DISEASE OR	CONDITION C	SIVEN IN PART	110
190 DATE OF OF	ERATION	19b CONDIT	ION FOR WHICH	H OPERATION	WAS PERFO	DRMED	20e AUTOPSY?	IN CER	YES, WERE FINITIFYING CAUS	DINGS USED ES OF DEATH?
210. ACCIDENT W	S UNDERLYING	21b. TIME OF	INJURY		21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF			
A COLUMNIA COLUMNIA	CAUSE OF DEATH		A. MONTH							34.11-11
THE EITHER NOTH	MEDICAL EXAMINER)	P.A 21e PLACE C		19	ZII LOCATE	ON				
¥ WHILE □ N	OT WHILE		ET, FACTORY, OFFICE.	FARM, ETC)	STREE		CITY	OR TOWN	COUNTY	STATE
		b = 1.1.1							474	Carlotte of the Carlotte
	ot (I) (this hospita ceosed alive on	il) attended the	deceased from,		d shoet in family		, to leath occurred an t	h		that (I) (we) last
above, (I) (ve) (did) (did nat)	view the body o	ofter death.			(dui) apinian c	death occurred an t	ne date and n		
27b. SIGNATUR	0	ferry		N	DECREE)	ATTENDING PHYSICIAN P	MEDICAL DIRECTOR PH	STAFF YSICIAN []	200	13 /87
224 PHYSICIAN	S NAME (TYPE OR F	PR 1			22e ADDRES		ial Hosp:		Teath	Ruilding
		Dr.	Zaman				rland, M			
23a. BURIAL, CREMAT	ON, REMOVAL	23b. DATE	230	NAME OF C	METERY OR	CREMATORY	23d LOCATION		COLLECT V	21.25
Burial		Aug. 5	, 1987	Philos	Cemet	ery		rnport	Alleg	. Md.
24 FUNERAL DIRECTO	PR				Mar I		RECID. BY RECISI		STRAR'S SIGN	ATURE
Willia	m H. Fre	dlock 3	1 Jones	St. P	Ledmont	1 /10	0 / 198			n. Randall
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DHMH - 16 60M 7/84 (VRA 15, 4)

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FROSTBURG

DHMH-16 60M 1/73 (VR A 15 (4))

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	arile Lee Roels			estant from the	
The party beaters to	or , seems . Little	and Fig. 15 20 8	21.5-26-		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE CERTIFICATE OF DEATH

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	4.			

- REGIST	RAR				CERTIN	CAIL OF DEATH	REG.	NO.		
I DECEASED	NAME	FIRST		MIDDLE	L/	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
{TYPE OR PRINT]		WALTER		Z.	S	HAW	August 27	.1987		3:15 A
3 SEX			4 RACE		5 DATE O		6 AGE (IN YEARS LAST I		IF UNDER I YEAR	
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70. BIRTHPLAC	E (STATE)	OR FOREIGN	7h. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
COUNTRY)	,					NEVER MARRIED				
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14 FATHER'S	VAME FIRST		AIDOLE	LAST		15. MOTHER'S MAIDEN NA	ME		LA	ST
	Edwar	d		Shaw		Elizat			Pal	lmer
160 WAS DEC		ER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT	ADD	RESS		
	No	(IF YES, GIVE	WAR ON DATES)	215-10-4	410	Mrs Jean Ev	rans Lonaco	ning Mo	d.	
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24 FUNERAL	DIRECTOR	1/04	/WANA	Name	V	250 DA	TE REC'D. BY REGISTRA	25b. REGISTI	RAR'S SIGNA	TURE

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Boal-Warnick Funeral Home Lôngoning Md. AUG 3 1

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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BP	(3		AI	AUG 17	1987	HILLCRE	ST CEN	/FTFRV			D ALLEY			ΔMD
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(VR A15 ME (5))			DX-MERRI			OME CLIME	FRI ANT	MARYLA	JU 17	198/1		faton.		1
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALTO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYBRIANGIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYBRIANGIT AFTER DEATH, WITH AIR STATE DEPARTMENT OF HEALTH AND MENTAL HYBRIANGIT AND MENTAL HY	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HC. INS. AFFIRE DEATH. IF THE PERFORMENCE OF PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH ROW PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH ROW PAGE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH ROW PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT FEMALI PROCESS. AFFIRE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIGINE, DIVISION OF HEALTH AND AFFIRE HYGIGINE, DIVISION OF REMOVAL. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MEDICAL CERTIFICATION MEDICAL CERTIFICATION	TO MEDICAL EXAMINERS. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO MEDICAL EXAMINERS. THIS CERTIFICATE WRITING THE CHERT WRITING THE CHERT WORLD CALL EXAMINERS. THIS CERTIFICATE WRONG WITHIN 24 HO GET SHOULD BE USED SA BURBAL. THE CHERT WORLD WITHIN 24 HO GET STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. 19. CAUSE CO. 19. CALL OF THE CHERT WAS TO THE CHERT WORLD BE USED SA BURBAL. THE WORLD WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. 10. CAUSE CO. 19. CALL OF THE CHERT WAS TO	DECEASED NAME (TYPE OR PRINT) BEATR I A RACE WHITE To BIRTHPLACE (STATE OR FORGER OWNIPR) MARYLAND CITY OR TOWN OF DEATH CITY O	DECEASED NAME (TYPE OR PRINT) BEATRICE 3. SEX 4. RACE 5. DATE OF MONTH WHITE 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND 11. NAME OF FOREIGN COUNTRY) MARYLAND 12. CITY OR TOWN OF DEATH 11. NAME OF (IF NOT IN) CITY OR TOWN OF DEATH 11. NAME OF (IF NOT IN) CITY OR TOWN OF DEATH 11. NAME OF (IF NOT IN) CITY OR TOWN OF DEATH 11. NAME OF (IF NOT IN) CITY OR TOWN OF DEATH 11. NAME OF (IF NOT IN) CITY OR TOWN OF DEATH 11. NAME OF (IF NOT IN) CITY OR TOWN OF DEATH 11. NAME OF (IF NOT IN) CITY OR TOWN OF DEATH 11. NAME OF (IF NOT IN) CITY OR TOWN OF DEATH 11. NAME OF (IF NOT IN) ALLEGARY MARYLAND 14. FATHER'S NAME FIRST ADDITION ALLEGARY MARYLAND 15. COUNTY MARYLAND 16. CAUSE OF DEATH (Enter only ane cause F PART I DEATH WAS CAUSED BY: (WES. NO. OR UNKNOWN) 18. CAUSE OF DEATH (Enter only ane cause F PART I DEATH WAS CAUSED BY: (WES. NO. OR UNKNOWN) 18. CAUSE OF DEATH (Enter only ane cause F PART I DEATH WAS CAUSED BY: (WE VES. GOVE WAR OR DATES) NO 18. CAUSE OF DEATH (Enter only ane cause F PART I DEATH WAS CAUSED BY: (WE VES. OR	T DECEASED NAME (TYPE OR PRINT) BEATRICE CI.FIME BEATRICE CI.FIME 3 SEX 4. RACE 5. DATE OF BIRTH DAY WHITE JUNE 23 19 76. CHIZEN OF WHAT OR FOREIGN COUNTRY MARYIAND CITY OR TOWN OF DEATH CI	DECEASED NAME (TYPE OR PRINT) BEATRICE CLEMENTINE 3. SEX 4. RACE S. DATE OF BIRTH DAY YEAR A AGE (N.	DECEASED NAME (TYPE OR PRINT) BEATRICE CLEMENTINE 3. SEX 4. RACE 5. DATE OF BIRTH MORTH MOR	DECEASED NAME (1775 OR 1984) BEATRICE (INFENTINE SMITH SIGNIFICATION OF SHEET) BEATRICE (INFENTINE SMITH SIGNIFICATION OF SHEET) JAMES (INFENTINE SMITH SHEET) JAMES (INFENTINE SH	DECEASED NAME	DECEASED NAME	DECARD NAME [1951 ADDRESS ADDRES	DECEASED NAME FEEL MODELS BEATRICE I. SEX RACE S. DATE OF BIRTH S. DATE OF BIRT	DECEASE NAME FAST MODEL MARKED MARKED

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	6
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	3
	5
SCHOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be	5
retained by the haspital or attending physician.	7
TO FUNERAL DIRECTOR. After this certificate has been signed by the orthogonal physical completely filled in by the funeral director. page 3	-
should be detached for use as the burial-transit permit. Then please remaining the detached for use as the burial-transit permit. Then please remaining the detached for use as the burial-transit permit.	U
with the State Dept. of Health and Mental Hygiene prior to burial, gremaine	G
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(VRA 15, 4)

	CEASED NAME FIRST	MI	21502	LA	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
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3 SEX		4 RACE	ш,	5. DATE O		6 AGE (IN YEARS LAST		IF UNDER I YEAR	R IF UNDER 24 HRS
	W-7-	White		MONTH	. 6, 1913	73		MONTHS DAYS	HOURS MIN.
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(COUNTRY)			MARRIED	NEVER MARRIED				
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Cı	umberland	Sacr	ed Hea	rt Ho		Retired work for mos	T OF WORKING	GLIFE) INDUSTRY	
130. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Bedfo	TY	give residence befor 13c. CITY OR TOV Bedford	RE ADMISSION) VN	13d INSIDE CITY LIMITS?	Rt. 3. Pi			944
	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME			AST
	Russell Smit		LA31		. 114.01	Catherine I	laier		A31
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADD	RESS		
	YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	21407	5891	Mrs. Laura	L. Smith.	Bedfo	rd. Pa.	Wife
	Conditions, if ony, which	DUE TO, OR	AS A CONSEOU	JENCE OF		0			
FICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT OF THE CONTROL OF TH	DUE TO, OR (c) CONDITIONS CO	AS A CONSEQU	DEATH BUT	NOT RELATED TO THE TER/	my my PSY?	20b. IF	YES, WERE FIND RTIFYING CAUSE	INGS USED
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Scarpelli Funeral Home STATE OF MARYLAND

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063259 AUG 2018 STATE

DECEASED NAME

COUNTRY

14. FATHER'S NAME

13a. STATE

CERTIFICATION

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morked

male To. BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

Cumber land

(YES, NO OR UNKNOWN) no

> Conditions, if any, which gave rise to immediate couse (a), stating the

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

underlying couse

(TYPE OR PRINT)

3. SEX

FIRST

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE 136 COUNTY

William Snyder 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:

PART 2. OTHER SIGNIFICANT CONDITIONS

THEODORE

4 RACE

USF NAME OF HOS

76. CITIZEN OF WH

HE NOT IN SUCH FA

13b. DATE

Allegany

DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENS / REG. NO	2 1	3 0	2
WIGOTE	L.	AST	20. DATE OF DEATH	YAO THINON	YEAR	26. HOUR : 45
WILLIAM	SN	IYDER	August 13,	1987		PM
white	S. DATE C	F BIRTH 03-14-1906	6. AGE (IN YEARS LAST BIRT	HDAY] IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
TIZEN OF WHAT COUNTRY? USA	WIDOWE		9 BALTIMORE CITY OF Alleg	any	TILE	MD
NAME OF HOSPITAL, NURSII IF NOT IN SUCH FACILITY, GIVE STREET Memorial Hosp	ital	R OTHER INSTITUTION	TELITED		IZE KIND OF	road
egany Cumber	YN ,	13d. INSIDE CITY LIMITS? YES NO [13e.STREET ADDRESS	Zipcope Istrial	Blvd	West/215
r LAST		15. MOTHER'S MAIDEN NA/ FIRST Ann	me Nabelle Kern	S	ŁAST	38
FORCES? 16b SOCIAL SECTION OF DATES 705-10-		Mrs. Grace S	ADDRE Snyder, Cumb		MD 2	1502
e couse per line for (o), (b), ar USE (o). CEREP		INFARC	TION		APPROXIA BETWEEN O	MATE INTERVAL DINSET AND DEATH
DUE TO, OR AS A CONSEQUENCE (b)	ENCE OF	GENIC C	CARCINON	ns of		
DUE TO, OR AS A CONSEQU	ENCE OF	The	LUNG			
outions contributing to	21-	NOT RELATED TO THE TERM	ASE C	O.P. L	D.	
196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES [
HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
THE PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

190 DATE OF OPERATION 96 CONDITIO

IMMEDIATE CAUSE (0),

STATE

220. I certify that (1) (this hospital attended the deceased from 5 SIGNAPHR

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN

22c DATE SIGNED

Dr. A. Torres

230 BURIAL, CREMATION, REMOVAL

(SPECIBUTIA)

Cumberland, MD 21502 23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Restlawn Memorial Park

LaVale

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, MD 21502

08-15-1987

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Membrial Hospital Medical Building

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DHMH - 16 60M 7/84 (VRA 15, 4)

REGISTRAR

FIRST

DUEASED NAME

Unknown ADDRESS 26726 Mr. Frank Spano, 71 Maple Avenue, Keyser, W. Va. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY our) opinion death occurred on the date and hour and from the causes stated The DATE PIGNET STAFF PHYSICIAN PHYSICIAN Memorial Hospital, 600 Memorial Ave.; Cumberland MD James Raver 23a BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Aug. 19, 1987 St. Thomas Cemetery Burial Keyser Mineral 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Funeral Home, Keyser. W.Va

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

CERTIFICATE OF DEATH

REG, NO.

MONTH

2h HOUR

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

4:00

IF UNDER 24 HRS

20. DATE OF DEATH

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(VRA 15, 4)

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by the h by the h ERAL DIR Stote Dep ANT: If he		226 SIGNATURE 224 PHYSICIAN'S NAME (TYPE OR	ens her	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Par Signed
O HOSPITAL etoined by t TO FUNERAL should be dei		DR. DONALD	MANGER	55 JACKSON	STREET, LONAC	ONING, MD.
BP		Burial	8-24-1987 Da	TAME OF CEMETERY OR CREMATORY RINGS Memorial Cem.	Cumberland, A	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	NAME James F. S	carpelli, Cumbe	erland, Md. 21502	e rec'd. By registrar 256 registra 2 6 1987	R'S SIGNATURE

SCARPELLI PURERAL HOME

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THE WAS DECEASED EVER IN U.S. ARMOED FORCES? INDO 11. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 12. EXPRISION OF UNIVERSITY OF (b) and (c). 13. THE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 14. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 15. THE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 16. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 17. THE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), and (c),	1	到23年/4	0	FIRST								MIDDLE			
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B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSE BY PART I DEAT	E S	AN THUS	1		(IF YES,	GIVE WAR OR	DATES)	216-66-	0980	Mrs.	Irene	Strieby	Cum!	berlan	d, Md
MANDARE CAUSE (a) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under lying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (c) stating the under lying couse lost. (c) PART 2 DIRES SIGNIFICANT CONDITIONS CONTRIBUTING TO GLAIR NUT NOT TELATED TO INTERNAL DISEASE OF CONDITION GIVEN IN PART 1 on THE DATE OF OPERATION INDUSTRIAL STATES OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO GLAIR NUT NOT TELATED TO INTERNAL DISEASE OF CONDITION GIVEN IN PART 1 on THE DATE OF OPERATION INDUSTRIAL STATES OF THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? THE DATE OF OPERATION INDUSTRIAL STATES OF THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? THE DATE OF OPERATION INDUSTRIAL STATES OF THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? THE DATE OF OPERATION INDUSTRIAL STATES OF THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? THE DATE OF THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? THE DATE OF THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? THE DATE OF THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? THE DATE OF THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? THE DATE OF THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? THE DATE OF THE SIGNIFICANT CONDITION STATE OF THE SIGNIFICAN		S S S S S S S S S S S S S S S S S S S					cause per line l							APPROXIMATI	EINTERVAL
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death resulted from: Natural causes Suicide Manicide Undetermined manner ACTUAL SIGNATURE Manicide		ATE, ORW, ORW, F, P, HE ST, JD, 2		220. I certi	ly that I taak c	harge of th	e remains desc	ribed abave, held an	Autap	sy X. In	spection .	Inquiry .	and in my apr	inian	
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	FOR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NO GIENE CERTIFICATE OF DEATH

REGISTRAR				CERTIF	ICAIE OF DEATH		REG. NO	5 .			
DES ASS NAME	FIRST	,	MIDDLE	L.	AST	2a. DATE	OF DEATH		Y YEAR	26 HOUR	
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3 SEX			5. DATE C		6. AGE	IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 H		
female		white		MONTH 10-14-1908			78 YRS M			HOURS	
To BIRTHPLACE (S	TATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9 BALTIA	9 BALTIMORE CITY OR COUNTY OF DEATH				
MD		US	SA	WIDOWE	1/		Allega	ny			
10 CITY OR TOWN	OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		AL OCCUPATION			OF BUSINESS	
Cumber1a		Memo	rial Hosp	ital		form	er emp.	loyee	tex	tile	
USUAL RESIDENCE	(IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS	? 13e STREE	T ADDRESS /	ZIP, CODE			
MD	V All	egany	Cumber	land	YES NO		5 White	ZIP CODE E Avenu	je/215	02	
14 FATHER'S NAME		MIDDLE _	. LAST		15. MOTHER'S MAIDEN		MIDDLE		LAS	51	
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160 WAS DECEASE	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE				
no			220-28-9	952	Mrs. Shirle	ey McGr	egor, (Cumberl			
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5 Manual Dale Of	C/A	1100110	THORY OR WINCH		THE TENTORMED	200 0	9			OF DEATH?	
19	81	lu	mer -	Ra	nerease	YES	NO	YES		NO 🗌	
21a ACCIDENT	WAS UNDERLYING	7 216. TIME C	FINJURY	1	21c. HOW INJURY OCC	CURRED (ENTER	R NATURE OF INJU	RY IN ITEM 18 PART	T 1 OR PART 2)		
00.00	NG CAUSE OF DEA	HOUR A.	M. MONTH DA	AY YEAR							
(IF EITHER NO	TIFY MEDICAL EXAMINER		P.M. 19								
(IF EITHER NO	CCURRED	21e PLACE			211. LOCATION		CITY OR TO	WN	COUNTY	STATE	
WHILE AT WORK	NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC)	SINCE					JINIE	
				1	72		pm .	7 -	73		
			e deceased fram_			, 10	reng	19	-0	11(11)(we)	
saw the	deceased alive on	dely	198	- , ai	nd that in timy (our) opin	nian death occu	irred an the de	ate and hour o	and fram the	couses stated	
126. SIGNA		view the body	uner geath		DEGREE		-		22c. DAJ	SIGNED	
		1			ATTENDIN	IGA MEDIC	AL STAF	E E	0	200	
1/4	enne	1/10	leins	N		N DIRECT			0/2	8/87	
22d. PHYSICI	N'S NAME (TYPE O	R PRINT)		-		morial			Ical B	Ide.	
	11 T								LCar D	-49.	
	homas Le					mberlan		41302			
230 BURIAL, CREM					EMETERY OR CREMATO		OCATION CITY OR TOWN		COUNTY	STATE	
Bur	ial	08-30-	-1987 D	avis	Memorial Cer	metery	Cumber	rland	Alleg	any M	
24 FUNERAL DIREC	TOR					DATE REC'D, B					
NAME		11: 0	ADDRESS	ND 0	l A	UG 3 1	1007			Randoce	
James F	. Scarpe	III, Cur	mberland.	MD 2	1502	10001	130	0		~	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has be should be detached for use as the bunal-transit permit with the State Dept. of Health and Mental Hygiene prise.

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician.

BP.

All X Comments of the State of

1982 Course sin removed

injury, or other from

STATE OF MARYLAND

1-	STATE REGISTRAR			DEPARIM		ICATE OF DEATH	HIGHNE	8 REG. NO	0.	2 1	9	~	
L DE	FASED NAME	FIRS1		MIDDLE		LAST	20 D	ATE OF DEATH	MONTH	DAY	YEAR	2b HOU	IR O
O O	FR PRINT)	Susie		L.	Th	ompson		(80	16 1	987	4:5	55 P
3. SE	(4 RACE		5. DATE		6. AC	E (IN YEARS LAST BIRT	HDAY)	# UNDE		IF UNDER	-
	Female		White		Nov.			86	YRS	MONTHS	DAYS	HOURS	MIN.
	RTHPLACE (STATE O	OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9. BA	LTIMORE CITY O		TY OF DE	ATH		
	Pennsylva	nia	USA		WIDOW			Allegan	y				MD.
10 CI	TY OR TOWN OF D	EATH		HOSPITAL, NURSING		OR OTHER INSTITUTION		JSUAL OCCUPATION			KIND OF	F BUSINE	SS OR
(Cumberlan	d		Manor Nu		Home		lousewife				wn H	ome
	AL RESIDENCE (IF NE	13b COUN		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS	52 113.5	TREET ADDRESS /	7IP COI				
M	arvland	1	ganv	Cumberl		YES NO	130.0	206 Elde		27	502		
14. F.A	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		,,,,,,	LAST		
		ert Pe		1701			M. Wi	llison			LASI		
	VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECUE		17 INFORMANT		ADDRE	55				
	no	(IF TES, GIV	E WAR OR DATES!	213-22-29	939	Mr. Dewey	D. T	hompson.	Cum	berla	and.	Son	
	Conditions, if or gove rise to it couse (o), sto underlying cou	IMMEDIAT my, which mmediate fing the	DUE TO, O	RASA CONSEQUE	1. D	J. C.H.	-						
	PART 2 OTHER SI	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE 1	TERMINAL	DISEASE OR CON	DITION G	IVEN IN F	PART 110		
O.	SP,	CIV.	17. C	hem	pa	nesi's							
CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OFERATIO	ON WAS PERFORMED		AUTOPSY?	IN CERT	ES, WERE LIFYING C YES			TH?
	210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DE	17	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18	8 PART I OR	PART 2)	76	
MEDICAL	WHILE NOT AT WORK	WHILE O	(A1 HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	.RM, ETC }	211 LOCATION STREET		CITY OR TO	WN	COL	VINU	s	TATE
		osed olive on	7.0	19 8	-	nd that in (my) (our) opin	inion deoth	occurred on the do	ote and he		om the o		
	22b. SIGNATURE	Ran	ilhou	1		DEGREE ATTENDIN PHYSICIA		DICAL STAF		8	DATE:	7-8	(-
	V. A. R).		LMNH, Set	on Dr	ive, Cum	berla	and,	MD 2	21502	2

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to be MPORTANT: If Hem 21 is morked or Item 18 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial BP.

8-20-1987

23¢ NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR

NAME James F. Scarpelli, Cumberland, Md. 21502

Sunset Memorial Park Cumberland, Allegany, Md. 2350 DATE RECO. BY REGISTRAR 256. REGISTRAR'S SIGNATURE COMPANY AND ADMINISTRATION OF THE PARTY OF TH

DHMH - 16 60M 7/84 (VRA 15, 4)

100% . 05 . VOM OF A PARTY OF THE on all the Party Thomas and it formations a Mary Land | Wilderson | Customical Line is a land to the Control of the Control o Vibratt Bergles confill . I year The state of the s Ind . majeria . farirate of fact farcount force . Allegant. Allegant.

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LAND 21201	nin 24 hours after de	should be filed within	er must be notified o
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the finish certificate be executed within 24 hours after de retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signal by the find physicion and completely fifted in by the fur should be detached for use as the buriol-transit permit. Then necessary arbanpapers. Pages 1 and 2 should be filted within with the State Dept. at Health and Mental Hygiene prior to burner community.	IMPORTANT: If them 2 I is marked or teem 18 shows any injury, or amendomatic event, the medical exegune rmust be notified or
201 W. PRESTON ST.	that the death certif	TO FUNERAL DIRECTOR. After this certificate has been signal by the brinding physical should be detached for use as the buriol-transit permit. Then never means arban paper with the State Dept. of Health and Mental Hygiene prior to burn.	, or other novembtic eve
F VITAL RECORDS, 2	IAN: The low require	tricate hos been sig I-tronsit permit. Then of Hygiene priar to bu	n 18 shows ony injury.
DIVISION	TO HOSPITAL OR ATTENDING PHYSICIAN; The Interestined by the hospital or attending physicion	CTOR After this cerd for use as the burio	n 21 is marked or the
	TO HOSPITAL OR A	TO FUNERAL DIRE. should be detached with the State Dept	IMPORTANT: If hen

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

1.	FSICARPELLI FU	THE THE PERAL	CERTIFICATE OF DEATH	4 1 0 0 9
L DE	CEASED NAME FIRST	WIDDIE	IAST	REG. NO 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR
	DAVID	NEAL	TWIGG	AUGUST 17M. 1987 17.38Am
3. SE		4 RACE	June 30, 1940	R MONTHS DATS HOURS MIN.
- 0	Male IRTHPLACE (STATE OR FOREIGN	White 7b. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY OF DEATH
Ma	country)	USA	MARRIED NEVER MARRIE	ALLEGANY COUNTY MD.
(ity or town of death cumberland	SACRED HEART	HOSPITAL	N 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired 12b. KIND OF BUSINESS OR INDUSTRY Mold Co.
0	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	13c. CITY OR TO	town YES NO	Winchester Road 21302
	ATHER'S NAME FIRST Bruce G.	MIDDIE LAST Twigg		garet Winters
	WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC E WAR OR DATES! 213 40		na Cadwalder, Sister
	Conditions if any which	DUE TO, OR AS A CONSEO	DUENCE OF TORRICAD BL	and Adultresistorn days
ALICN		DUE TO, OR AS A CONSEO	quence of irrhosis u	ecd, Adult registery ith portal water in part 100 Troe autopsy? Troe autopsy? Troe if yes, were findings used
KILLALION	gove rise to immediate couse (a), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEO (c) OUTRIBUTING TO	DUENCE OF CHOSIS UND DEATH BUT NOT RELATED TO THE	200 AUTOPSY? YES NO YES NO TO THE PART TO
	gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE ATTEMPT HOUR A.M. MONTH	DUENCE OF CHOSIS UND DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT COURT OF COURT O	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE ATHERITY HOUR A.M. MONTH	DUENCE OF CONTROL OF THE CHOPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	206 AUTOPSY? YES NO YES NO YES NO CAUSES OF DEATH? YES NO
	gove rise to immediate couse (a), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFETIMEN NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 21d. LOT WHILE AL WORK 22a. I certify that (1) (this hosping sow the deceased alive on obove, (1) (we) (did) (did no obove, (1) (we) (did) (did no obove, (1) (we) (did) (did)	DUE TO, OR AS A CONSEO (c) DUE TO, OR AS A CONSEO (d) 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 198 CONDITION FOR WHICE 199 CONDITION FOR WHICE 1	DUENCE OF CONTROL OF C	206 AUTOPSY? 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COUSE OF COURT O	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 198 CONDITION FOR WHICE 198 CONDITION FOR WHICE 198 CONDITION FOR WHICE 198 CONDITION FOR WHICE 199 CONDITION FOR WHICE 199 CONDITION FOR WHICE 199 CONDITION FOR WHICE 190 CONDITION	DAY YEAR 19 211. LOCATION STREET 19 211. LOCATION STREET 19 DEGREE ATTEND PHYSIC	200 AUTOPSY? 200 IN CERTIFYING CAUSES OF DEATH? YES NO YES NO COUNTY CITY OR TOWN 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 10 19 , that (II (we) last
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFETIMEN NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 21d. LOT WHILE AL WORK 22a. I certify that (1) (this hosping sow the deceased alive on obove, (1) (we) (did) (did no obove, (1) (we) (did) (did no obove, (1) (we) (did) (did)	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 198 CONDITION FOR WHICE 198 CONDITION FOR WHICE 198 CONDITION FOR WHICE 198 CONDITION FOR WHICE 199 CONDITION FOR WHICE 199 CONDITION FOR WHICE 199 CONDITION FOR WHICE 190 CONDITION	DUENCE OF COLOR OF CO	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO

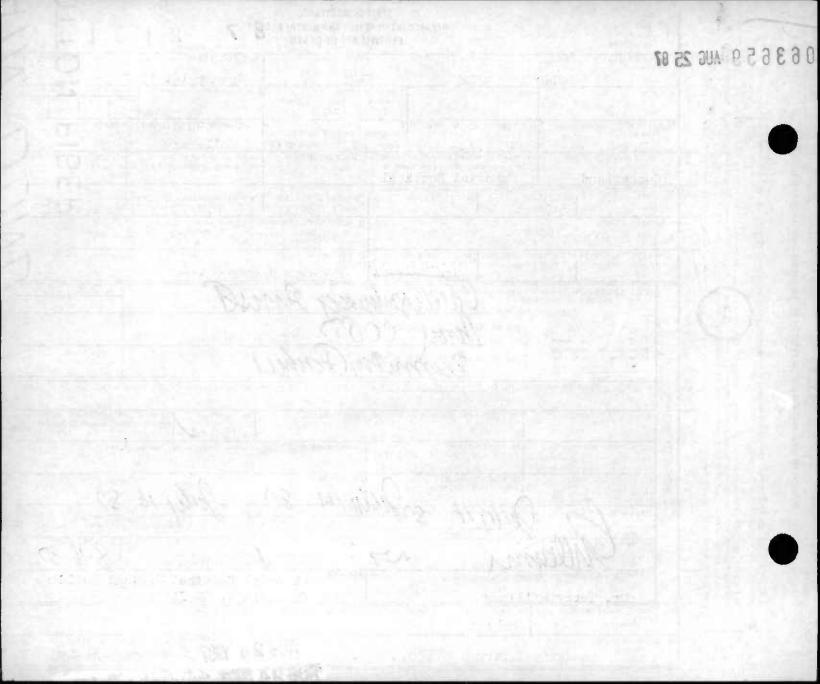
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE 7

REG. NO.	1	8	1	-

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163659 AUG 2	\$ 07	EASED NAME FIRST	ħ	AIDDLE	L	AST	1	a.,DATE OF D	EATH MON	TH DA	Y YEAR	26 HOUR3:10
4 6 6	1.63	DOL	LY J	EAN	T	REE		Augus	st 16,	1987	7	PM
	3. SEX	(4 RACE	Tileni e	S. DATE C		EAR 6	AGE (IN YEA	RS LAST BIRTHDAY	r) IF	UNDER 1 YEAR	HOURS MIN.
5 22		F	W		12		Ô		76	YRS		
	Bill Bill	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8. MARRIEI	NEVER MARRI	ED 9	BALTIMOR	CITY OR CO	DUNTY	FDEATH	Tale - FR
	_	MD	U.S.		WIDOWE	D DIVORCE	ED 🗌		legany			MD.
1 1144	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURS HEACILITY, GIVE STREI		R OTHER INSTITUTE		20 USUAL OF	OR MOST OF WOR	RKING LIFE)	126 KIND O	F BUSINESS OR
		Cumberland		ial Hos								0.00
12 NND 22 NO	130 S	AL RESIDENCE (IF NURSING HOM TATE 136 CC	MBERLAND	13c CITY OR TO		13d. INSIDE CITY LIA			DEPEN		CE ST	. 21502
1 12017	14. FA	THER'S NAME	MIDDLE	1A51		15 MOTHER'S MAIL			MIDDLE		LAS1	
1 1010	ZI	EDOC MASON	CLARK				1 BUE	CLAH C	LARK	CRA	WFORD	5
IMORE of and or Poper I		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	214-0		O Georg	је Ту	ree	same	as a	above	
ON ST. BALL		18 CAUSE OF DEATH IENter PART I. DEATH WAS CAU IMMED	anly one couse per USED BY: HATE CAUSE (a) DUE TO, OI	guar	UENCE OF	uncy V	Am	49			APPROXI BETWEEN C	MATE INTERVALI INSET AND DEATH
ys, 201 W. PRES	N	Conditions, if ony, which gave rise to immediate to immediate to immediate to the underlying couse last PART 2 OTHER SIGNIFICAN	(b) DUE TO, OI (c) IT CONDITIONS CO	OUNT	num	not related to the	hus HE TERMIN	JAL DISEASE	or condition	ON GIVEN	N IN PART 110	
At RECORD	THEATH	190 DATE OF OPERATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED)	200 AUTOP	SY? ZOB	CERTIFYI YES	WERE FINDIN NG CAUSES	GS USED OF DEATH?
OF VIT	CAL CES	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATU	RE OF INJURY IN	ITEM 18 PAR	TIORPART2)	
DIVISION OF NG PHYSICIA after this certification on the buriol- th and Mental	MEDI	21d. INJURY OCCURRED	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	FARMETC	211 LOCATION STREET	61	1	ORTOWN	16	COUNTY F2	STATE
ATTENDE print of CTOR. A CTOR of of Heath		27a 1 certify that It may be sow the object eases alive above, (we) judicate	on Show the body	offer death.	A) Or	d that in (my) (aur)	apinion de	ath accurred	on the date a	ind hour o		hot (I) (we) last causes stated
AL OF AL ORE SOLUTION OF Department of Department of the Departmen		22h SIGNATURE	umi		27	DEGREE ATTEN PHYSI	DING ICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		8-/	1-87
O FUNE could be in the S		Dr. Terry							pital 1 MD 215		cal Bu:	ilding
BP	23a. B	BURIAL, CREMATION, REMOV SPECIFY) Removal	23b. DATE 8-17-		NAME OF C	EMETERY OR CREMA	ATORY	23d LOCAT	ION TOWN		COUNTY	STATE
DHMH - 16 60M 7/84		JNERAL DIRECTOR	D	ADDRESS	.o., M		AUG	REC'D. BY REA	GISTRAR 25b	REGISTRA	AR'S SIGNAT	URE ME
(VRA 15, 4)	1	State Anato	my Board	Balt	O., M	a.	.00 6	1 X 100	1	a mental	econ_Man	ORDER .



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DEPARTMENT OF HEALTH AND MENTAL HYGORE

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	UG"	REGISTAR				CERTIF	ICATE OF DEA	ATH	REG. N	10.	8		
		CEASED NAME	FIRST	,	MIDDLE	(LAST	1 - 3	20. DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR	3:40
ı			ENEV	IEVE	G.	WAG	ONER		August 4	, 1987		101	Р.м
	3 SEX	X		4. RACE	1017	5. DATE C		YEAR	6. AGE IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24	
		female			white		03-02-190		81	YRS.	NATIO DATA	HOURS	MUTH.
1		RTHPLACE (STATE OR FO	ORE IGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MA	RRIED 🗍	9 BALTIMORE CITY	OR COUNTY C	F DEATH		
2		MD		USA	4	WIDOWE	_	RCED	Allega	inv			MD.
1	10 CI	TY OR TOWN OF DEAT	Н		HOSPITAL, NURSII		OR OTHER INSTITU	UTION	126 USUAL OCCUPAT	ION		F BUSINES:	SOR
1		Cumberland	1		norial Ho		1		retired	OF WORKING LIFE)	text	ile	
1	13n S	AL RESIDENCE (IF NURSINGTATE	IG HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	E ADMISSION)				/ 710 CODE	1	RAIR	10
1	150	WV	Mine	eral	13c. CITY OR TOV Keyser		YES X N	IO	130.STREET ADDRESS	Piedmor	it Stre	eet/21	1502
2	M FA	THER'S NAME	+				15. MOTHER'S M	AAIDEN NAA	ME				
-		FIRST	_	orge G.	Lee		FIR	ST	Anna Mae	Genrae	LAS	П	
5		VAS DECEASED EVER II	N U.S. AR	MED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT		ADDR				
2	1)	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214-07-	2317	Mrs. E	ileen	Sams, Cumb	erland.	MD -	siste	ar.
		IL CAUSE OF DEATH	(Enter on	ly one couse ner					i a	or raina,		MATE INTERVA	
	-	18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drain Stem S											
۲		DUE TO, OR ASA CONSEQUENCE OF A DA											
		Candisian if	6.1	DUE TO, OI	R AS A CONSEQU	ENCLOF	Affrois	1 clo	ofis 1		1-0		
		Conditions, if ony, gove rise to imme	ediote	(b)	Oraco,	04	1 y y cest	300	0 -				_
		couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF								0.763			
	111			(c)									
	NO			une Fo	CIPAL .	DEATH BUT	NOT RELATED TO	1	bletes Me	Olifals .			28,3
7	CERTIFICATION	19a DATE OF OPERATI			TION FOR WHICH	OPERATIO	9, 10,0	0	20a AUTOPSY?	206 IF YES,	WERE FINDIN	NGS USED	
1	IFIC					0			YES NOT	IN CERTIFYI	ING CAUSES	OF DEATH	?
1	ERI	210 ACCIDENT WAS UNDE	RLYING [216. TIME O	F INJURY		1216 HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJ			NO []	_
1		OR CONTRIBUTING CA		in	M. MONTH D				(Essential of the				
	MEDICAL	(IF EITHER NOTIFY MEDICA		21e PLACE (NJURY 211 LOCATION							
	ME	WHILE NOT WHILE	. 🗆		EET, FACTORY, OFFICE	FARM, ETC)				OWN	COUNTY	STA	TE
		AT WORK AT WORK											
		220.1 certify that (I) (I sow the deceased			e deceosed from_			19	, to	. 19		that (I) (we	,
		obove, (I) (we) (die	d) (did no	t) view the body	ofter deoth.			л ориноп а	death occurred on the c	lote and hour d			td .
		17h SIGNATURE	1/	^			DEGREE	ENDING	MEDICAL STA	EE	22c DATE	SIGNED	
	25	AN	1	//			PHY		DIRECTOR PHYSI	CIAN			
1		STA PHYSICAL STAT	TO	reyg	to Du 1		22e. ADDRESS	Memori	ial Hospita	1	0/-	1100	M
		Dr. Hal	mos «	er /	1 or Hal	mos.			land, MD 2		8/2/	1110	/
		URIAL, CREMATION, RI	EMOVAL	236 DATE	230	NAME OF C	EMETERY OR CRE		23d LOCATION				
	(Buria	al	08-07-	-1987	Queens	Point C	emeter	ry Kevser		ral l	WV STAT	16
	24 FU	INERAL DIRECTOR							REC'D. BY REGISTRAF				
		James F. S	carp	elli, Cu	umberland	, MD	21502	AUG	0 7 1987		sidern-K	indath	
						,							

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Item 18 shows any

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. 1 0 1 NOO	1 DEC	EASED NAME	FIRST	M	MIDDLE	EXAMINE	K.2 CI	EKIIFIC	CATEO			REG. N	10.	DAY YEAR	
/		OR PRINT)					r.72	7 -7		20	OF DEATH A	ESII.	HTHOM		
A SEEDER	1 50X		Bonni 4. RACE	Is. DATE OF BIRT	Sue	6 AGE (IN YEAR		ldmar	TIF UNDER	24 HDS 24	DATE	WATED (монтн	7 19 8°	
7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-			MONTH DA'	Y YEAR	LAST BIRTHDAY	MONTHS		Hours		RONOUNC	ED	0	7 0	4:10
ASSET !	BI	THPLACE (ST.	White_	April	WHAT COUN	20 YRS				3535 9		RE CITY	OR COUNT	7 19 8	/ [p
HE SEE	FOI	REIGN COUNTRY)					MARRIE	_	VER MARRI	EDA			_		
10 P	HO CI	W. Va	OF DEATH	U.S.A		SING HOME,					LOCCUPA	Jany	Count	176 KIND OF E	BUSINESS
801	1 0	umberla	and /	(IF NOT IN SUCH	al Hos	REET ADDRESS)				FOR MC	tude:	NG (IFE)		OR INDUS	TRY
是	USUA	RESIDENCE	IF IN NURSING HOME O	OR OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION	۷) .				-			OKION	20
38	13a. S1	W. Va.	Mine			yser		YES C	ITY LIMITS?	13e STREE	TADDRES	5 1 K	Course	r.W.Va	/
5	W.D.	THER'S NAME	Lillie.						ER'S MAIDE		100		reyse		
d	17	FRST Nat	than	MIDDLE	Wild	man		F	xine		M.	DLE	St	aggs	
1	16a W	AS DECEASED	EVER IN U.S. AR	MED FORCES?		IAL SECURITY	NO.	17. INFORM				ADDRES	SS	W	.Va.
3	(16	No. OR UNKNOW	WN) (IF YES, GIVE	WAR OR DATES	235	06 0	391	Maxi	ne W	ildm	an S	tar	Rt 1	Keyse	
1		18 CAUSE OF	F DEATH (Enter on	ly one couse per li	ne far (a), (b)										ATE INTERVAL
Z Z		PARTIDE	ATH WAS CAUSED IMMEDIAT	D BY: TE CAUSE (a)	Multi	ple in	jurie	es				-		BU WILL ON	NET AND DEAT
993	/	0120		DUE TO, C	DR AS A CON	SEQUENCE O	F								
842		gave ris	e to immediate		18.00										
PARTMENT OF HEALTH AND MENT		lying caus	stating the <u>under</u> - se last.	DUE TO, C	OR AS A CON	SEQUENCE O	F							1,1100	
0				(c)		- Nik									
EMA	Z	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELA	IED TO THE TERMIN	AL DISEASE	OR CONDITIO	N GIVEN IN PAI	RT 1 igt					
7	CERTIFICATION	19a DATE OF	OPERATION	19b CONI	DITION FOR V	WHICH OPERA	TION WA	AS PERFOR	MED?					20 AUTOPS	Α.
/	IFIC													YES 🔯	NO 🗆
7	E E		L CAUSE WAS	216. TIME	OF INJURY	DAY YEAR	21c. HO	W INJURY	OCCURRE	D SENTER NA	TURE OF INJUR	RY IN ITEM 1	8 PART T OR PAR		
7	CAL	UNDERLYING CONTRIBUTIN	OR CAUSE OF I	DEATH 3:10 P	.m. 8	7 19 8°	Dr	river	in au	uto/au	uto in	mpact	t		
	MEDICAL	21d. INJURY O	CCURRED	21e PLAC	E OF INJURY	(AT HOME,	211. LOC				CITY OR TOWN			JUNTY	STATE
4	1 2	AT WORK	NOT WHILE		road				west o	of La	a Vale	e,		gany ,	MI
/	1		y that I taak charg		lescribed obo	ve, held on	Autopsy	X,	Inspection		Inquiry [and in my op	oinian	
5) /		death resulte		rol couses .	Accident	X Suic				Undeter			,		
AK /			1	1	~			TITLE (S	PECIEY)	177					
_		ACTUAL SIGNATURE _		M	mg-		M.	Deput	ty Chi	ief _{medic}	ALEXAMI	VER	DATE	8/8/8	87
	1	EXAMINER'S	NAME /	W D'		-								7	
_		(TYPE OR PRIN	VT) ALI	n M. Dix				DDRESS_		Penn		Ba.	lto.MI).	
7	23a.BU	PEC (FY)	ION, REMOVAL 2			AME OF CEM				23d. LOC CITY OR	T/DIA/AI		E COUN		STATE
	24. FU	Buri		11 Aug	0/ 10	tomac	riem		25a. DATE, R		,		diner		.Va.
		NAME	en Rotri	1CK ADDRE	Kevse	r, W.	la.		AU	G 13	1987	Jul		dern-Kand	alle
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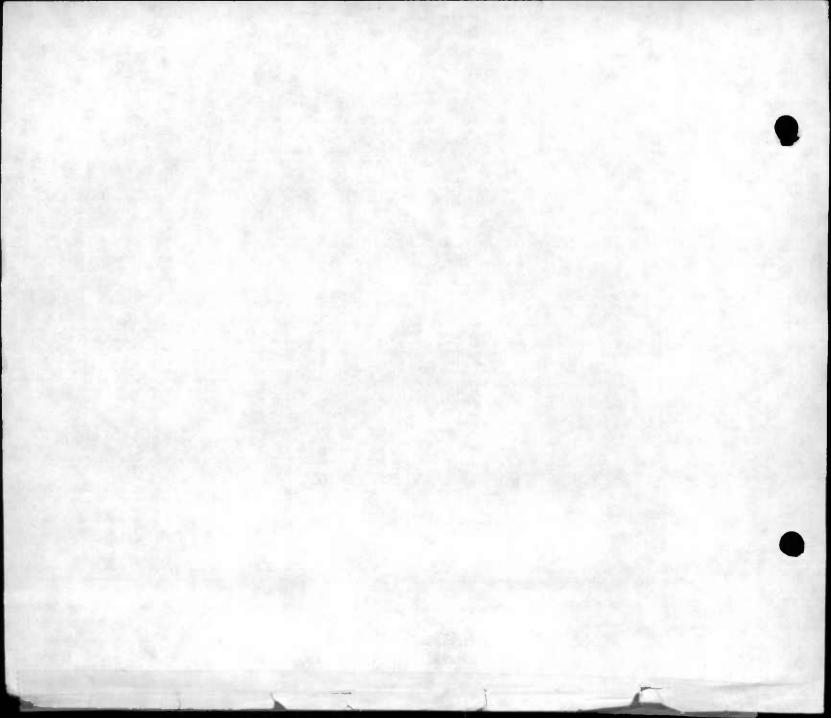
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Viod Death Certificate #87-21813



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 / REG. N	2.	1	3	1	de
TE OF DEATH	MONTH	DAY	VEAD	12L 11011	D

	1-	FOR - STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	0 /	2 REG. NO.	1 3	1	4
21		CEASED NAME FIRST	N	MDDLE		AST	20. DATE OF DE		DAY YEAR	26 HOUR	1
1	2 2	GLAD	YS VI	OLA	W	ILT	August	14, 198	7	1:25	P
	3. SEX		4. RACE 5. DATE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I				
	F	emale	White June		June	18 7906 YEAR	81	YRS.	MONTHS DATS	HOURS	HOURS MIN.
13	5 1	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	PALTIMORE CITY OR COUNTY OF DEATH Allegany				
6	7	imberland	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	17a JUSUAL OCC	UPATION MOST OF WORKING L		OF BUSINES	SS O
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULTY GATE	VIY	GIVE RESIDENCE BEFOR 13. CITY OR TOW Swent on		13d. INSIDE CITY LIMITS? YES NO	13. STREET ADD	RESS / ZIP COC	łd. 21	561	
10	0	ATHER'S NAME FIRST COTEC	MIDDLE Wils	eon LAST		IS MOTHER'S MAIDEN NAME TO SERVICE TO SERVIC		Smith	1	AST	
2	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (16 YES, GIVE WAR OR DATES) 220-10-1261					Mrs Fannie Riger Swanton Md 21562					
	Z	couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)	AS A CONSEQU	EATH BUT	COLCENS.	INAL DISEASE OF	R CONDITION GI	VEN IN PART	10	
9	CERTIFICATION	190 DATE OF OPERATION	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY	IN CERT	S, WERE FIND IFYING CAUSE ES		
9		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	710	A. MONTH D	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART T OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC)	216 LOCATION STREET	CI	TY OR TOWN	COUNTY	51/	ATE
		22a I certify that (I) (this hosp sow the deceosed alive or obove, (I) (we) (did) (did no				nd that in (my) (our) apinian (deoth occurred or			, that (I) (we e causes stat	
		226. SIGNATULE	Ans	-		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR :	STAFF PHYSICIAN [18/	14/8	-
7		224 PHYSICIAN'S NAME (TYPE	OR PIL	FFIRE	11 13	22e ADDRESS Memor:	ial Hosp	ital Med	ical Bu	ildin.	g
		Dr. Zaman				Cumber	cland, M	D 21502			
	23a. 8	BURIAL, CREMATION, REMOVAL	8/17/8	7 Ph:		emetery or crematory emetery	23d LOCATIO		legany	Md St	ATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal. IMPORTANT; If Hem 21 is morked ar Hem 18 shows ony injury, ar other troumotic event, th

retained by the hospital or ottending physician.

BP.

111 Church St. Westernport, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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I in by the funeral director, page 3 be filed within 72 hours offer distant

AUG

STATE OF MARYLAND

8	REG. NO.	2	1 8	1 :

1 - STATE REGISTRAR	DEPAI	CERTIFICATE O	F DEATH	8 /	2 1 8 1 !
1. DECEASED NAME FIRST	MIDDLE	LAST		REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
9 87 Melv	in Cecil	Wolford		8/14/87	
3. SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	4;05a
Male	White	3/29/07		00	MONTHS DAYS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	2Y? 8		80 YE	
MARYLAND	United States	MARRIED X NEVE		-	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER II	DIVORCED NSTITUTION	Alleg. Co.	126, KIND OF BUSINESS C
Frostburg	Frostburg Comm	. Hospital		{TYPE OF WORK FOR MOST OF WORKING	
USUAL RESIDENCE (IF NURSING HOME C 13a. STATE 13b. COU			E CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODE 716-
Maryland Al	leg. Frost		NO 🗌	Box 45. Eckha	~ 10 /
14. FATHER'S NAME FIRST	MIDDLE LAST		ER'S MAIDEN NAM	WIDDIE	LAST
SAMUEL 160 WAS DECEASED EVER IN U.S. A	WOLFO		MANT -	JNKNOWN ADDRESS.	
	TT 214 01	6739 MRS	MELVI	KHART MINES,	MD 21528
PART I. DE ATH WAS CAUS	inly one couse per line for (a), (b), ED BY:	ond (c).1	Ama	es	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC (b) Consec DUE TO, OR AS A CONSEC (c) Consec	inoma of L	over w	ik metreto	4,3
	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELA	TED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART Tro
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI		RFORMED	200 AUTOPSY? 206 IF IN CE	FYES, WERE FINDINGS USED PRIFYING CAUSES OF DEATH?
	HOUR A.M. MONTH	DAY YEAR	/ INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I ORPART 2)
OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOTI WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC) 21f LOCA	ATION PREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (I) (this hasp sow the deceased alive o	oital) attended the deceased from		my) (our) opinion (eath occurred on the date and	19, that (I) (we) lo
obove, (I) (we) (did) (did n 22b. SIGNATURE	ot) view the body ofter death.	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADD	RESS		
Dr. Jesus	Tan	F	rostburg	, MD 21532	
230. BURIAL, CREMATION, REMOVA	L 23b. DATE 2	30 NAME OF CEMETERY C	OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BUR IAL	8/17/87	FROSTBURG	MEM PAT		
24 FUNERAL STREET PRILON /	Funeral Home	MAIN ST. Frostburg.	ALIO	8 1007 July 256. RE	GISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicio should be detached for use as the buriol-transit permit. Then please remove corban papers, with the State Dept. of Health and Mental Hygiene prior of buriol, cremation, or removal. IMPORTANT: If hem 21 is marked or Item 18 shows any injury, or other troumatic event, the

eroined by the hospital or attending physician.

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(VRA 15, 4)

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A FUNERAL DIRECTOR MCKenzie Funera Port Home Eichhorn-McKenzie Funera Port Home Conaconing, Md. 300 Conaconing

DHMH - 16 60M 7/B4

(VRA 15, 4)

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